

HOW TO PROLONG THE CAREER LIFE OF A PRACTICING PHYSICIAN:
ASSESSING THE CAUSES AND EXTENT OF PHYSICIAN BURNOUT
IN A PRIMARY CARE SETTING

By

Jean M.W. Tsigonis, M.D.

RECOMMENDED:

Michael Swenson, MD, PhD, Tanana Valley Clinic

Rhonda Johnson, DrPH, MPH, FNP, University of Alaska

Virginia Miller, DrPH, MS, MPH, Project Committee Chair
University of Alaska

Virginia Miller, DrPH, MS, MPH
Chair, Department of Health Sciences

APPROVED:

Susan Kaplan, PhD
Administrative Dean, College of Health

Date

HOW TO PROLONG THE CAREER LIFE OF A PRACTICING PHYSICIAN:
ASSESSING THE CAUSES AND EXTENT OF PHYSICIAN BURNOUT
IN A PRIMARY CARE SETTING

A
PROJECT REPORT

Presented to the Faculty
of the University of Alaska Anchorage

in Partial Fulfillment of Requirements
for the Degree of

MASTER OF PUBLIC HEALTH

By

Jean M.W. Tsigonis, M.D.

Anchorage, Alaska

May 2016

Abstract

Physicians report widespread burnout and job dissatisfaction. Institutional and personal changes are necessary for meaningful work and restoration of the joy of the practice of medicine. This practicum project conducted a survey to assess the causes and extent of physician burnout at Tanana Valley Clinic (TVC). The Areas of Worklife Survey-Maslach Burnout Inventory (AWS-MBI) was used to gather data on the causes and extent of physician burnout. Analysis of the AWS-MBI survey data produced by Mind Garden was done by the principal investigator. The Maslach Burnout Inventory (MBI) assesses the extent of physician burnout. The Areas of Worklife Survey (AWS) reveals causes of burnout and enables directed interventions to help decrease the physician burnout. The data indicate that burnout does exist in two of the three areas of burnout assessed: emotional exhaustion and depersonalization. Specific areas in the worklife were identified that cause burnout: workload, control, fairness and value. Suggestion for future direction includes interventions, analysis of those interventions, and an evaluation plan.

Keywords: physician, burnout, stress, job satisfaction, resilience, wellness

Table of Contents

	Page
Signature Page	i
Title Page	ii
Abstract	iii
Table of Contents	iv
List of Figures	vii
List of Tables	ix
List of Appendices	x
Chapter One: Introduction	1
Public Health Problem and Research Gap	1
Overall Goal	1
Tanana Valley Clinic	2
Research Question	3
Hypothesis	3
Overall Goal	3
Key Activities	3
Impact	3
Chapter Two: Review of the Literature	4

PHYSICIAN WELLNESS PROGRAM

Work Demands	4
Burnout	4
Causes of Burnout	6
Interventions	7
Individual Intervention.....	8
Organizational Intervention	10
Chapter Three: Method	13
Study Design and Theoretical Framework	13
Sampling	14
Data Collection	14
Instrument	14
Analysis Plan	15
Timeline	16
Plan for Protecting Human Subjects	16
Chapter Four: Results	17
Aggregate Demographic Breakdown.....	17
Histograms of Responses to Individual EE Questions	22
Histograms of Responses to Individual DP Questions	29
Histograms of Responses to Individual PA Questions	34

PHYSICIAN WELLNESS PROGRAM

Cumulative Burnout Data	43
Aggregate AWS Results	46
Chapter Five: Discussion	48
Aggregate Data	48
Years to Retirement	49
High Risk Potential for Burnout	49
Comments	50
Chapter Six: Impact	52
Chapter Seven: Strengths and Limitations.....	53
Chapter Eight: Public Health Implications	55
Chapter Nine: Conclusions and Recommendations.....	56
Chapter Ten: Future Direction	57
Recognition	60
References.....	61
Appendices.....	71

List of Figures

	Page
<i>Figure 1.</i> Emotional exhaustion.....	19
<i>Figure 2.</i> Depersonalization.....	20
<i>Figure 3.</i> Personal achievement.....	21
<i>Figure 4.</i> I feel used up at the end of the workday	23
<i>Figure 5.</i> I feel emotionally drained from my work	24
<i>Figure 6.</i> I feel frustrated by my job.....	25
<i>Figure 7.</i> I feel I'm working too hard on my job	26
<i>Figure 8.</i> I feel like I'm at the end of my rope	27
<i>Figure 9.</i> Working with people directly puts too much stress on me	28
<i>Figure 10.</i> I feel patients blame me for some of their problems.....	30
<i>Figure 11.</i> I worry that this job is hardening me emotionally	31
<i>Figure 12.</i> I feel I treat some patients as if they were impersonal objects	32
<i>Figure 13.</i> I don't really care what happens to some patients.....	33
<i>Figure 14.</i> I deal very effectively with the problems of my patients.....	35
<i>Figure 15.</i> I can easily understand how my patients feel about things.....	36
<i>Figure 16.</i> I can easily create a relaxed atmosphere with my patients	37
<i>Figure 17.</i> I feel I'm positively influencing other people's lives through my work	38
<i>Figure 18.</i> In my work, I deal with emotional problems very calmly	39
<i>Figure 19.</i> I have accomplished many worthwhile things in this job.....	40
<i>Figure 20.</i> I feel very energetic.....	41

	Page
<i>Figure 21.</i> I feel exhilarated after working closely with my patients	42
<i>Figure 22.</i> Individual cumulative burnout data	433
<i>Figure 23.</i> Examples of high and low risk for burnout.....	44
<i>Figure 24.</i> Total burnout risk score for each individual	45
<i>Figure 25.</i> Areas of worklife survey	46

List of Tables

	Page
Table 1 <i>Study Demographics</i>	17

PHYSICIAN WELLNESS PROGRAM

List of Appendices

	Page
Appendix A: Survey Instrument	71
Appendix B: Informed Consent to Participate in Research Survey.....	79
Appendix C: IRB Approval Letter.....	83
Appendix D: TVC Physician Wellness Survey Comments	84
Appendix E: Proposed Physician Wellness Program	88

Chapter One: Introduction

Public Health Problem and Research Gap

Retention and recruitment of physicians is a national concern. Burnout affects retention and recruitment. Studies have addressed the causes of burnout and interventions involving team work and work flow factors. Shanafelt, Sloan, and Habermann (2003) discuss in detail the common causes of burnout which include: workload, work-life balance, loss of control over work environment, medical errors and malpractice suits. Sinsky et al. (2013) discuss interventions such as: previsit planning, teamwork, protocols, scribes, improved communication and work flow analysis. Few studies look at the spiritual, social, and communication aspects of burnout. Shanafelt (2003) discusses the importance of meaningful work, autonomy, self-care and self-awareness, spiritual nurturing, adequate resources and workforce support. Limited studies have been done on the effect of physician wellness programs on burnout, retention and recruitment (Nedrow, Steckler, & Hardman, 2013; Pargament & Sweeney, 2011).

Overall Goal

The overall goal was to assess the causes and extent of physician burnout. The expected outcome is to launch a physician wellness program that prevents, identifies and decreases burnout. A forum will be developed to choose appropriate interventions for specific causes of burnout. Possible interventions include: mentoring, resiliency training, coping skills, workflow analysis and workforce development. These interventions will improve the work life; extend physician tenure; and enhance access to quality care for patients.

PHYSICIAN WELLNESS PROGRAM

Tanana Valley Clinic

Present day Tanana Valley Clinic (TVC) doctors have been employed from as early as 1981 up to and including new hires in 2015. Therefore the clinic has a multigenerational physician staff. It started as a partnership in 1959, then became a corporation, and later, in 2008, was purchased by the Greater Fairbanks Community Hospital Foundation (GFCHF). TVC came under the management of Banner Medical Group (BMG) in 2008. TVC moved to a not-for-profit status in 2015. Many of the doctors were once owners, but are now employees. The clinic began with paper charting and started to adapt to computer records around 2006. It now uses electronic medical records and is poised to be a Patient Centered Medical Home. TVC, like other United States clinics, has seen the effect of the demands of the Affordable Care Act. A mandate in TVC's purchase by the GFCHF is to continue providing care to Medicare patients.

The Tanana Valley Clinic is a multispecialty clinic in Fairbanks, Alaska, and the largest multispecialty clinic in Alaska. There are providers which include: MD's, DO's, NP's, PA's and a psychologist. The specialties include: 1st Care (walk-in), Allergy and Asthma, Behavioral Health, Cardiology, Dermatology, Family Practice, Hospitalists, Intensivists, Internal Medicine, Long-Term Care, Obstetrics and Gynecology, Osteopathic Manipulative Medicine, Pediatrics, Sleep Medicine, Surgery, Vascular Surgery and Vein Clinic. It provides care for the greater Fairbanks area. It accepts private insurance, Medicaid, Medicare, VA and Tricare. There were 128,000 patient visits in 2014. The leadership team consists of: James Shill, Chief Executive Officer, Steve Leslie, Chief Financial Officer and Dr. Michael Swenson, MD, Medical Director. There is a board of directors. The practicum project included the 48 MD's and DO's.

PHYSICIAN WELLNESS PROGRAM

Research Question

What is the cause and extent of physician burnout at Tanana Valley Clinic?

Hypothesis

The hypothesis was that there is physician burnout at Tanana Valley Clinic.

Overall Goal

The overall goal was to assess the causes and extent of physician burnout.

Key Activities

- Motivated the Tanana Valley Clinic leadership to support a survey for the causes and extent of physician burnout.
- Engaged the Tanana Valley Clinic leadership to consider the development of a physician wellness program.

Impact

The burnout survey revealed the causes and extent of physician burnout. Based on the causes, interventions can be implemented. The result of increased physician retention, due to the interventions, will stabilize the physician workforce. This will enable Tanana Valley Clinic to care for the increased numbers of patients due to the Affordable Care Act. Improved physician wellness will increase the quality of care for those patients.

Chapter Two: Review of the Literature

Work Demands

Healthy People 2020 goals include access to care and clinical preventive services (Healthy People, 2015, Leading Health Indicators). The Public Health goal is to have an adequate health work force which includes sufficient primary care providers. Public Health supports development of employee wellness programs (Healthy People, 2015, Map-It; U.S. Department, 2000). One of the 25 leading health priorities for Healthy Alaskans 2020 is to reduce the proportion of Alaskans without access to high quality and affordable health care (State of Alaska, 2012).

The Affordable Care Act (ACA) states that quality, efficient, affordable health care is to be provided to all Americans. The Centers for Disease Control and Prevention state that:

establishing sustainable public health workforce capacity is more than just training—it requires (...) ensuring adequate recruitment into the public health system; improving the quality of training, mentorship and supervision; and providing appropriate retention incentives (CDC, 2012).

Burnout

Primary care physicians are often the main providers of health care in small town communities with limited facilities, supplies and access to specialists. “The gap continues to widen between society’s expectations for primary care and primary care’s available resources” (Bodenheimer & Sinsky, 2014, p. 575). Family Medicine physicians are uniquely qualified to be team leaders in the Patient Centered Medical Home. However, “there has been a major decrease

PHYSICIAN WELLNESS PROGRAM

in the percentage of graduates entering careers in primary care in the last 20 years, with reasons related to burnout and poor quality of life....there have been few programs targeting burnout before it leads to personal or professional impairment and very little data exist about their effectiveness” (Krasner et al., 2009, p. 1285). The American Academy of Family Physicians (AAFP) has declared through Resolution No. 606-Physician Burnout:

RESOLVED, That the American Academy of Family Physicians investigate the causes and possible interventions to minimize the impact of professional burnout on family physicians (AAFP, 2013).

Stress is a body’s physical, mental or emotional response to change. Persistent stress can lead to burnout. A person can respond positively with high performance, or negatively with poor coping skills. “Wellness goes beyond merely the absence of distress and includes being challenged, thriving and achieving success in various aspects of personal and professional life” (Shanafelt, Sloan & Habermann, 2003, p. 514). When a person is highly involved, motivated, concentrating and facing challenges with adequate skills, they achieve well-being. “Taking on a challenge for which an individual is adequately trained and supported offers an opportunity for success and accomplishment” (Shanafelt et al., 2008, p. 42).

Burnout manifests as poor physical, psychological, spiritual and social health (Farrell & Geist-Martin, 2005). Burnout affects the physician-patient relationship, quality of care and patient satisfaction (Shanafelt, 2009). Psychological and social manifestations of burnout are low self-esteem; decreased job satisfaction; cynicism; anxiety; depression; boredom; isolation; and abnormal relationships at work and home. Christina Maslach described burnout as emotional exhaustion (EE), depersonalization (DP) (treating persons as objects, erosion of humanitarian

PHYSICIAN WELLNESS PROGRAM

attitudes) and low personal accomplishment (PA) (work is not meaningful) (Maslach & Jackson, 1981).

Causes of Burnout

The joy of the practice of medicine is missing for many. “Physicians seek out the arduous field of medicine, and primary care in particular, as a calling because of their desire to create healing relationships with patients, then interventions must go far deeper” (Sinsky et al., 2013, p. 273). Building and nurturing patient relationships rank first for job satisfaction for Family Physicians (AAFP, 2014, Physicians Value). Administrative and electronic data entry requirements, demand for productivity, insufficient physician workforce, and technological changes, diminish patient quality time. This adversely affects physician physical, mental and emotional health (Farrell & Geist-Martin, 2005). Differences in organizational goals from physician goals can result in provider stress that affects patient care (Geist-Martin, Ray, & Sharf, 2003). Physicians are tempted to quit, retire, reduce the scope of their work or reduce their hours. Approximately 55% to 67% of providers in private practice report burnout. Younger physicians have nearly twice the incidence of burnout compared to older physicians with some manifesting signs in residency (Shanafelt, Sloan, & Habermann, 2003).

Difficult clinical encounters that involve physician, patient, and situational factors cause burnout. Shanafelt (2009) states that:

workload, specialty choice, practice setting, sleep deprivation, lack of work-life balance, medical errors, risk of malpractice suits, characteristics of treated patients, and the methods physicians use to deal with patient death and illness(...)personal responsibilities, personality [and] coping strategies account for burnout (p. 1338).

PHYSICIAN WELLNESS PROGRAM

Burnout is related to “loss of autonomy, decreased control over the practice environment and inefficient use of time due to administrative requirements” (Shanafelt, 2009, p. 1338). It is important to minimize “work that is not consistent with one’s training and abilities” (Shanafelt et al., 2008, p. 42).

Interventions

Interventions can restore the joy of the practice of medicine, restore the patient-physician relationship, and help prevent burnout. “The gain to both individuals and the organization from promoting good mental health at work is reflected in increased presence, well-being and production” (WHO, 2000, p. 6). Interventions may occur at individual and organizational levels.

The 2004 National Worksite Health Promotion Survey determined that companies with more than 750 employees were more likely to offer comprehensive health promotion programs. Barriers include lack of employee interest, resources, designated staff person dedicated to health promotion, and management support; and work demands (Linnan et al., 2008). The Joint Commission on Accreditation of Health Care Organizations mandates that hospitals have processes to promote physician wellness.

Wellness programs have been developed to include: physical fitness, nutrition, and stress management classes; ergonomic evaluation; mindfulness (“being fully present and attentive in the moment”) (Krasner et al., 2009); resilience training; cognitive behavioral stress prevention and counseling (Farrell & Geist-Martin, 2005; Zwack & Schweitzer, 2013). Krasner states a mindfulness program showed improvement in physician well-being and attitude. Farrell and Geist-Martin found the importance of social health at work in the personal as well as the organizational community. Zwack and Schwieter found physicians with resilience-promoting

PHYSICIAN WELLNESS PROGRAM

abilities were able to work in stressful working conditions and have job satisfaction and good doctor-patient relationships. Physicians find help through exercise, meditation, or relaxation. The physical, psychological, spiritual and social aspects should be addressed to assure wholeness and connectedness in the workplace. The organization, managers and administrators must cultivate and model a culture of work-life balance.

Individual Intervention

Individual intervention is more common than organizational (Farrell, & Geist-Martin, 2005). Methods used by researchers have included self-reporting questionnaires, intense mindfulness curriculum, didactic material, workshops and retreats.

Resilience is the capacity to respond to stress in a healthy way. It helps enhance quality of care and sustain the health care workforce through individual, community and workplace factors (Epstein & Krasner, 2013). Promotion of self awareness, mindfulness, self reflection, integrated meditation, identification of values and meaningful clinical work, efficiency methods, autonomy, establishment of personal boundaries, and appreciative inquiry (focus on positive experience) have resulted in less burnout, improved mood and empathy. Providers can focus better, set boundaries, respond nonjudgmentally, have greater appreciation for the moment, take care of themselves, and be relaxed and renewed through adaptations of mindfulness communication (Beckman & Wendland, 2012).

A nonjudgmental, caring attitude will enhance development of trust with the patients, improve health care disparity, and may improve health care cost. Intensive mindfulness teaching resulted in decreased burnout and increased emotional stability (Krasner et al., 2009).

PHYSICIAN WELLNESS PROGRAM

The Balint group was started by Michael Balint, a Hungarian psychoanalyst. Physicians gather in a safe room to discuss case communication, compassion, empathy, hope, emotions and care that have developed in the patient-doctor relationship. The burden of care is shared among the group.

The vision of the American Balint Society is for relationships of profound trust, such as those between physicians and patients, to grow in respect and healing power. Utilizing the empathy fostered through creative engagement with trusted peers in a safe environment, clinicians can improve their understanding of both themselves and others, so that patients and clients are increasingly heard, supported and empowered to become healthier and happier. (American Balint Society, 2015).

Balint group training is used in some Family Practice Residencies as a method of teaching behavioral medicine and providing self care and small group support (Turner & Malm, 2004). Balint group, or mindfulness meditation, can teach people self-awareness, presence, and adaptation to stress in a healthy manner. Resilience involves physician value, balance and prioritization, practice management style, good staff and supportive relations, respect and appreciation between physician and patients, intellectual engagement, celebration of small gains, control over work hours and work type, time for family, rest, spiritual practices, physical and cultural activities, and ability to pursue other interests or consider a job change (Zwack & Schweitzer, 2013). “Physicians who care for themselves do a better job of caring for others and are less likely to commit errors, be impaired or leave practice” (Epstein & Krasner, 2013, p. 303).

PHYSICIAN WELLNESS PROGRAM

Spiritual health is a sense of connectedness, purpose and meaning. The Comprehensive Soldier Fitness (CSF) program recognizes human spirituality as a motivating force; focuses on the awareness of self and the human spirit; cultivates the spirit; and recognizes the spirit in others. This is not a theological spirit, but more the “search for truth, self-knowledge, purpose and direction in life” (Pargament & Sweeney, 2011, p. 58). It also deals with authenticity and self-actualization. Values, actions and behaviors are based on one’s spirit and can provide resilience during stress. It is the “capacity to (a) identify one’s core self and what provides life a sense of purpose and direction; (b) access resources that facilitate the realization of the core self and strivings, especially in times of struggle; and (c) experience a sense of connectedness with diverse people and the world” (Pargament & Sweeney, 2011, p. 59).

People with a strong human spirit are able to accept situations, cope, make the best in trauma, maintain optimism, use their social support, and persevere. They have higher levels of well-being, less psychological problems and better marriage satisfaction (Pargament & Sweeney, 2011).

Social health involves communication at the individual, personal level as well as within the organization. This can result in peer friendships, communication with superior management, and enhanced family communication (Farrell, & Geist-Martin, 2005).

Organizational Intervention

Social health involves quality connections at home, work and socially between family, peers and superiors that involve trust, empathy and compassion. A healthy organization allows networking across hierarchical boundaries with informal, social gatherings that allow relaxed conversation. Interaction helps everyone cope with stress; feel valued; become motivated and

PHYSICIAN WELLNESS PROGRAM

empowered (Farrell & Geist-Martin, 2005). Team meetings enhance loyalty and mutual respect. “Limited evidence suggests that the mission and policies of health care organizations may relate to physician satisfaction” (Shanafelt et al., 2003, p.41).

Power and work obligations do not replace family obligations and must have value to justify time away from family. Organizations must understand the purpose in an employee’s life (Farrell & Geist-Martin, 2005). Communication at work is critical to enhance employee health.

The mission of the organization should include a wellness health model for the organization as well as the individual. There must be public awareness and administrative financial support for the wellness program with means for feedback and evaluation (Farrell & Geist-Martin, 2005). The goal is to “develop principles and guidelines as opposed to an inflexible set of rules or policies” (Shanafelt et al., 2008. p. 41).

Organizations can improve job satisfaction through meaningful work, healthy relationships with patients and colleagues, education, focused care, provision of a safe, nonjudgmental atmosphere, to allow for peer discussions about complex experiences, and stress management. This will decrease professional isolation, develop opportunities for career development, such as leadership, administration, teaching, research or focused work. Mentors or coaches can help a provider learn new skills that will enhance the work place.

Systems-level changes include: control over work hours, control over procedures, work flow efficiency, team work, increased colleague relationship building, and improvements in patients’ care experience. Barriers include lack of administrative support, funding and communication (Bost, 2005). “Perceived organizational support (POS) is the extent to which

PHYSICIAN WELLNESS PROGRAM

employees believe the organization values their contribution and cares about their personal well-being” (Parks & Steelman, 2008, p. 60). POS results in decreased absenteeism and increased job satisfaction (Parks & Steelman, 2008). Comprehensive wellness programs which address prevention, education, personal and organizational responsibility are useful recruitment, retention and stress reduction tools.

The Maslach Burnout Inventory, The Jefferson Scale of Physician Empathy, The Physician Belief Scale, The Mini-markers of the Big Five Factor Structure personality scale, and The Profile of Mood States are frequently used in wellness programs to assess the personality, mood and wellness of the physician (Krasner et al., 2009). The comprehensive literature review of burnout shows that the Maslach Burnout Inventory is commonly employed, and work related stress and work life balance are common themes.

Research reveals theories and methods of intervention for individual and organizational wellness programs which prevent and treat burnout. Gaps in the research include the need for evaluation of programs that deal with spiritual and social aspects of burnout in small town communities. Intervention programs which use: resiliency skills, mindfulness, narrative methods and education about burnout, have effectively increased job satisfaction and decreased physician burnout (Nedrow, Steckler, & Hardman, 2013; Pargament& Sweeney, 2011; Farrell & Geist-Martin, 2005). Intervention at the system level is crucial for the future of medicine. Research is needed in the area of organizational social health. Research is needed to narrow the gap between society’s expectations of primary care and the resources available to deliver that care.

Chapter Three: Method

Study Design and Theoretical Framework

The theoretical framework was the Transactional Theory of Stress. This theory states that if a person perceives a stress as a threat, that stress is a stressor with a negative effect. However, if the stress is not seen as a threat, it could be seen in a positive light as a challenge. This theory states identification of sources and signs of stress, followed by intervention to manage the stress, can lead to less burnout (Glanz, Rimer & Viswananth, 2008).

The principal investigator conducted an Areas of Worklife Survey-Maslach Burnout Inventory (AWS-MBI) survey of the Tanana Valley Clinic physicians to assess the extent and causes of burnout. The AWS had 28 questions about the relationship between the person and the job on a 5-point Likert scale, from strongly agree to strongly disagree, covering: work load, control, reward, community, fairness and value. The MBI had 22 questions on a 7-point Likert scale that measure the frequency, from never to every day, of job related feelings. These questions reflect emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). They can be measured numerically or low, average and high. High levels of EE and DP and low levels of PA reflect burnout. Low levels of EE and DP and high levels of PA reflect engagement. Group survey results were aggregated to ensure anonymity. However, in larger groups cross tabulations could be done with the numerical scores to assess appropriate interventions. These two instruments have proven to be reliable and valid. MBI is the leading measure of burnout, used in the United States, Canada and throughout the world (Maslach, Jackson, & Leiter, 1996; Leiter & Maslach, 2011).

PHYSICIAN WELLNESS PROGRAM

Sampling

This project was a purposeful convenience sampling of the physicians at the Tanana Valley Clinic. The non-physician providers were not included in this initial survey. All the physicians of the Tanana Valley Clinic in Fairbanks, Alaska were invited to participate in the sample. There are 48 physicians: 7 1st Care (walk-in), 1 Allergy and Asthma, 2 Behavioral Health, 2 Cardiology, 2 Dermatology, 14 Family Practice, 2 Hospitalists, 2 Intensivists, 1 Internal Medicine, 1 Long-Term Care, 2 Obstetrics and Gynecology, 1 Osteopathic Manipulative Medicine, 7 Pediatrics, 1 Sleep Medicine, 1 Surgery, 1 Vascular Surgery and 1 Vein Clinic. Some physicians are in more than one department. Participation was voluntary and anonymous.

Data Collection

Institutional Review Board approval was secured October 23, 2015. Data were collected through an Areas of Worklife Survey-Maslach Burnout Inventory survey. The demographic section of this survey was customized for the Tanana Valley Clinic. This survey was purchased through Mind Garden, the company that holds the rights to the survey. It was electronically distributed by and received back to Mind Garden. Initial distribution was November 4, 2015. Collection was done by November 30, 2015.

Instrument

The survey included the following demographic information: gender, race, marital status, medical specialty, number of years in practice after residency, number of years at the Tanana Valley Clinic, practice type (shift work, regular scheduled hours, full time, or part-time), and number of years until anticipated retirement or leaving Tanana Valley Clinic. The demographic information was gathered but was used judiciously. The current small numbers of physicians in

PHYSICIAN WELLNESS PROGRAM

certain specialties at the Tanana Valley Clinic cannot ensure anonymity if some demographics are revealed. Therefore, the information was concealed until other clinics are included, or the numbers increase at TVC so anonymity can be ensured.

Key concepts on the survey included identification of sources, symptoms and signs of burnout. Questions were formatted on Likert scales (Likert, 1932) which address signs and symptoms of burnout, the dependent variables, including: emotional exhaustion, depersonalization, low personal accomplishment, cynicism, depression and lack of motivation, quality of physician-patient relationship, job satisfaction, quality of life, and well-being. Worklife issues included: workload, control, reward, community, fairness and values.

Analysis Plan

Collection and quantitative multivariate analysis of the data were performed in tandem by Mind Garden and the principal investigator. Mind Garden provided the overall general population scores, TVC scores, and standard deviations. The principal investigator provided all the demographic detail and analysis of the data. The numbers of years until anticipated retirement or leaving Tanana Valley Clinic was reported by those surveyed. Initially, only whole group aggregated information, length of remaining service, gender and age related cross tabulations were assessed until there are sufficient numbers of physicians to ensure anonymity for further cross tabulations. The survey included some Tanana Valley Clinic specific demographic questions that could direct future intervention based on age, tenure, specialty and practice type. Information was shared only with the Tanana Valley Clinic leadership team, the principal investigator's project practicum committee, and Banner research. The only numbers shared publically are the group extent and cause of burnout and the average number of

PHYSICIAN WELLNESS PROGRAM

anticipated years until retirement. These numbers can be measured again after intervention to see the effect of intervention.

Timeline

The initial survey was distributed November 4, 2015. The survey was collected within four weeks of distribution. There was an email letter distributed to the physicians prior to the survey distribution in order to explain the purpose of the survey, the right to refuse participation, and the assurance of confidentiality and anonymity. There was an explanation that the survey needed to be returned within four weeks. A reminder letter was sent one week after the survey was distributed. Data were collected by Mind Garden instruments to assess the extent of burnout in the current physician workforce. Interpretation and analysis was performed by the principal investigator. Once the extent of burnout was assessed, it was shared with the Tanana Valley Clinic leadership.

Plan for Protecting Human Subjects

The project practicum was approved by the University of Alaska Anchorage Institutional Review Board (IRB) on October 23, 2015. The Research Department at Banner Health in Fairbanks, Alaska also approved the project practicum. All physicians at TVC were invited to participate in the survey. Among those electing to participate, consent forms were completed and stored in a locked file cabinet. The consent form is presented in Appendix B. No identifying information was collected and survey results are reported only as aggregate data.

Chapter Four: Results

Aggregate Demographic Breakdown

Table 1 shows that 44 of the 48 TVC physicians participated in the survey or 92% of the TVC physicians. There were 23 that anticipate more than 10 years until retirement and 21 participants that anticipate retirement within 10 years or less. There were 13 participants aged 50 and over and 31 younger than 50. There were 17 women and 27 men.

Table 1

Study Demographics

Physicians		Years to Work		Age		Gender	
TVC	48	>10	23	≥50	13	Female	17
Participating physicians	44	≤10	21	<50	31	Male	27

The results of this report provide measures of the feeling of emotional exhaustion, depersonalization and personal accomplishment as well as a rating of relevant areas of worklife at the Tanana Valley Clinic. The results are compared to general populations to give a sense of where Tanana Valley Clinic ranks against those general populations. Initially, the aggregate data are presented, followed by demographic breakdown of the data to show where some item scores may fall high or low relative to the general numbers.

The Likert Scale used for the MBI was: 0 – Never, 1 - A few times a year or less, 2 - Once a month or less, 3 - A few times a month, 4 - Once a week, 5 - A few times a week, and 6 -

PHYSICIAN WELLNESS PROGRAM

Every day. A high score for emotional exhaustion and depersonalization indicates burnout. A low score for personal accomplishment indicates burnout.

The aggregate results of the three burnout scales are shown in figures 1, 2, and 3 and can be summarized as follows:

- Emotional exhaustion scored 2.9 for TVC, a few times a month, compared to 2.3 for the general population, which is once a month or less.
- Depersonalization scored 1.9 for TVC, once a month or less, compared to 1.7 for the general population.
- Personal Accomplishment scored 5.2 for TVC, a few times a week, compared to 4.3, once a week for the general population.

The data show that TVC has more emotional exhaustion, a sign of burnout, than the general population. Depersonalization scores were similar to the general population. However, TVC has a higher score (less burnout) for personal accomplishment than the general population.

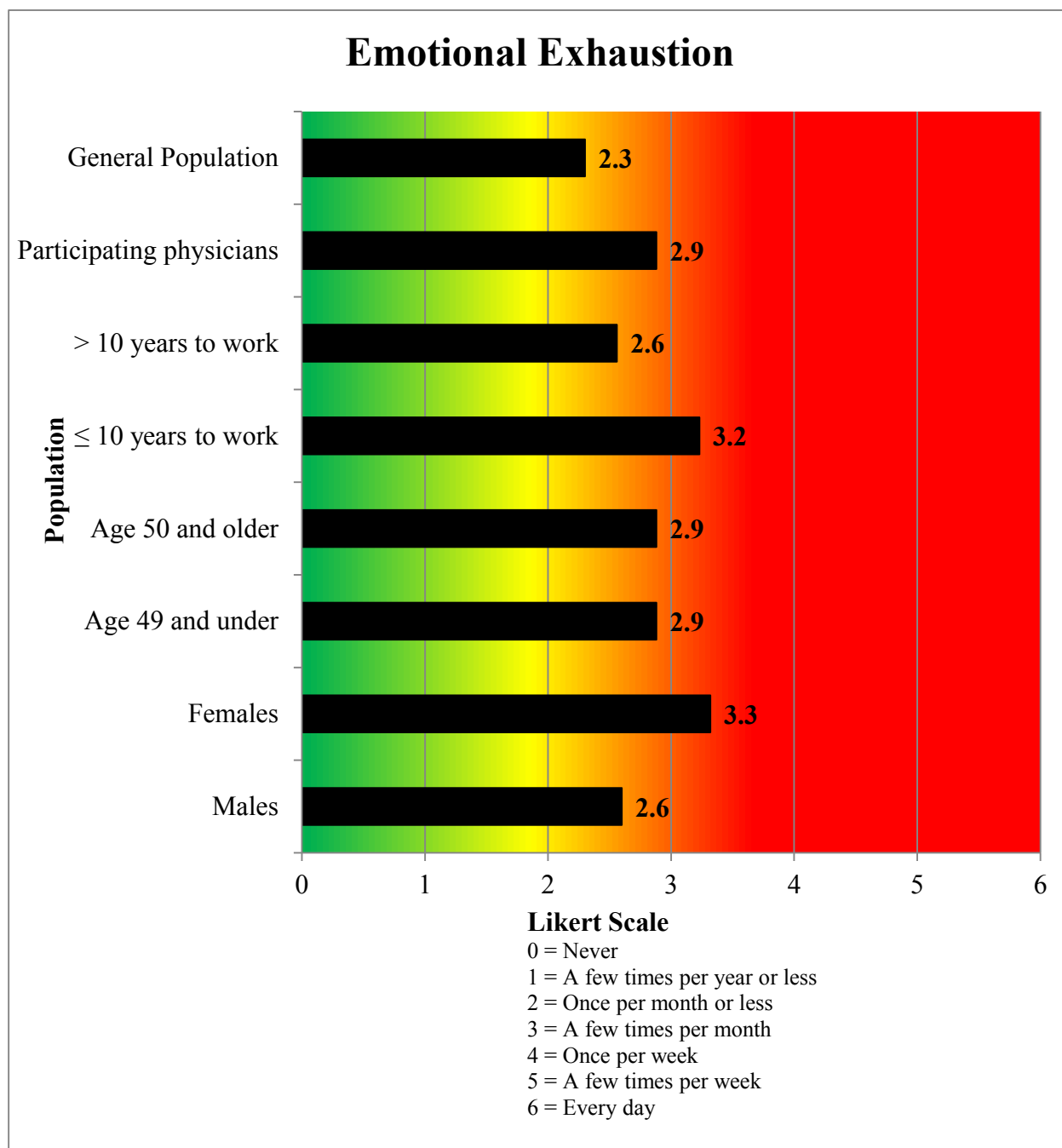


Figure 1. Emotional exhaustion

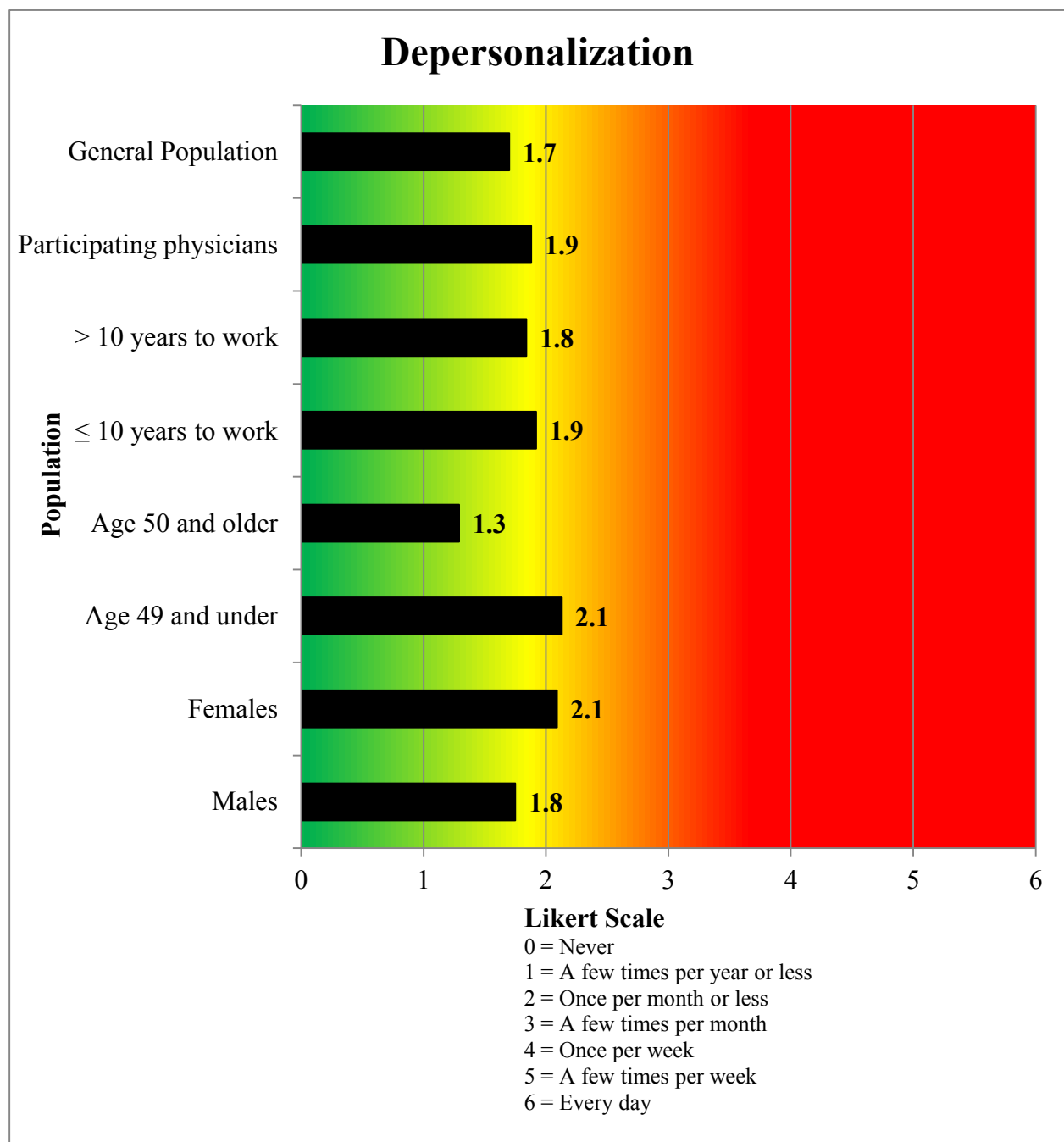


Figure 2. Depersonalization

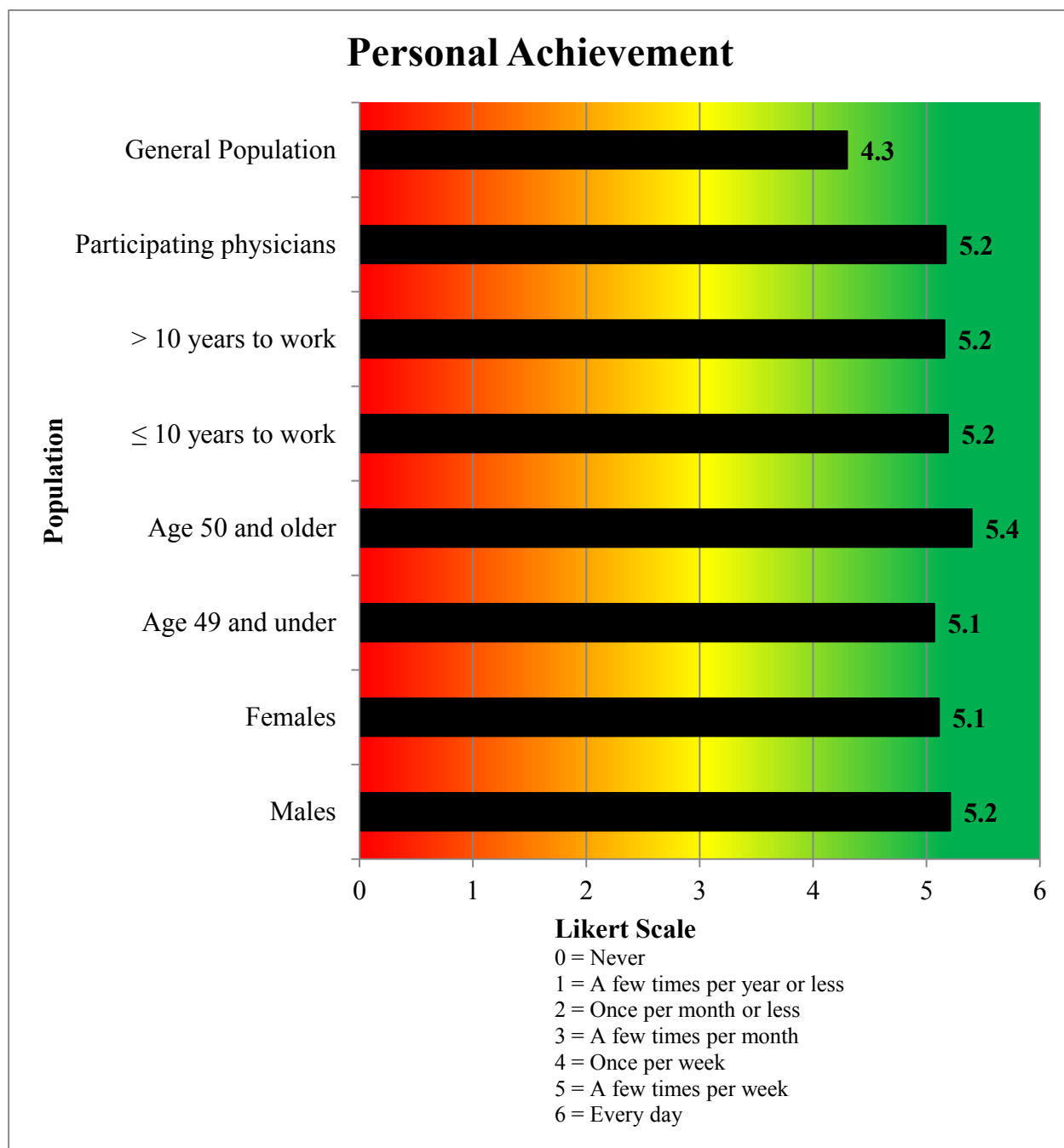


Figure 3. Personal achievement

The TVC group is too small to break out department, clinical, or hospital based numbers. However, there were adequate numbers to compare by: years to retirement, age, and gender.

PHYSICIAN WELLNESS PROGRAM

- Those with less than 10 years until retirement have more emotional exhaustion than those with 10 or more years to anticipated retirement or leaving TVC, but numbers for depersonalization and personal achievement were similar.
- Those under 50 had more depersonalization than those 50 and over but numbers for emotional exhaustion and personal achievement were similar.
- Females had more emotional exhaustion and depersonalization than males, but numbers for personal achievement were similar.
- The average number of years until retirement is 13.6 years, the same for men and women. For those under 50 the average is 16.7 years. For those 50 and above the average is 6.2 years.

Histograms of Responses to Individual EE Questions

Breakdown of the three burnout scales into individual questions within each scale reveals the distribution of scores for each question. Figures 4 through 9 show the actual numbers of physicians that are experiencing emotional exhaustion on a regular basis. Scores of 4 or more indicate burnout on a weekly or more frequent basis.

Looking at averages, “I feel used up at the end of the workday” had the high score for EE, at 4.2 (Figure 4). “I feel emotionally drained from my work” was second at 3.7 (Figure 5). “I feel frustrated by my job” at 3.6 (Figure 6) and “I feel I am working too hard on my job” at 3.5 (Figure 7) were third and fourth indicators. The lowest scores (that is less burnout) on the EE items were questions that dealt with complete exhaustion and working with people: “I feel like I’m at the end of my rope” (Figure 8) and “working with people directly puts too much stress on me” (Figure 9).

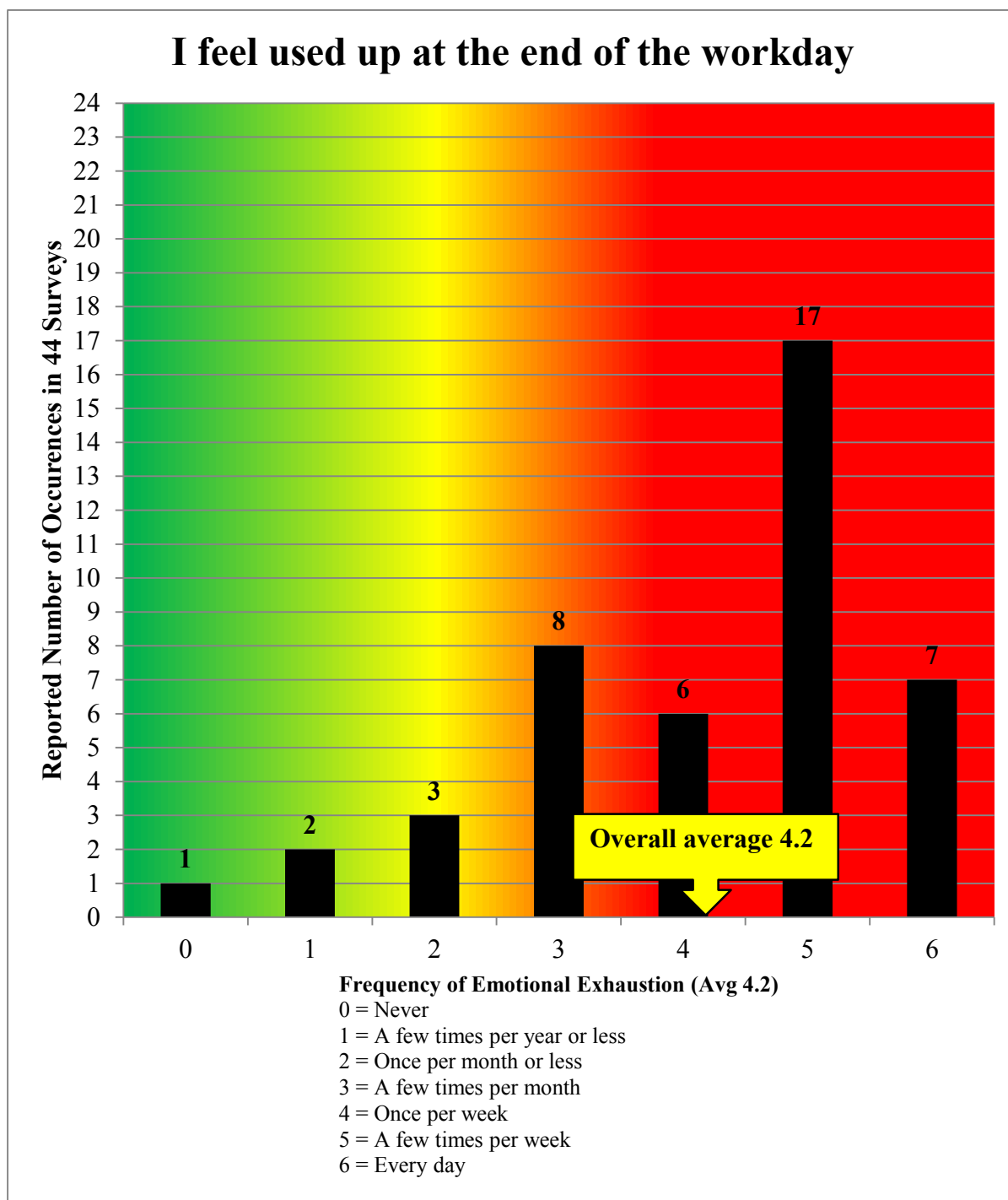


Figure 4. I feel used up at the end of the workday

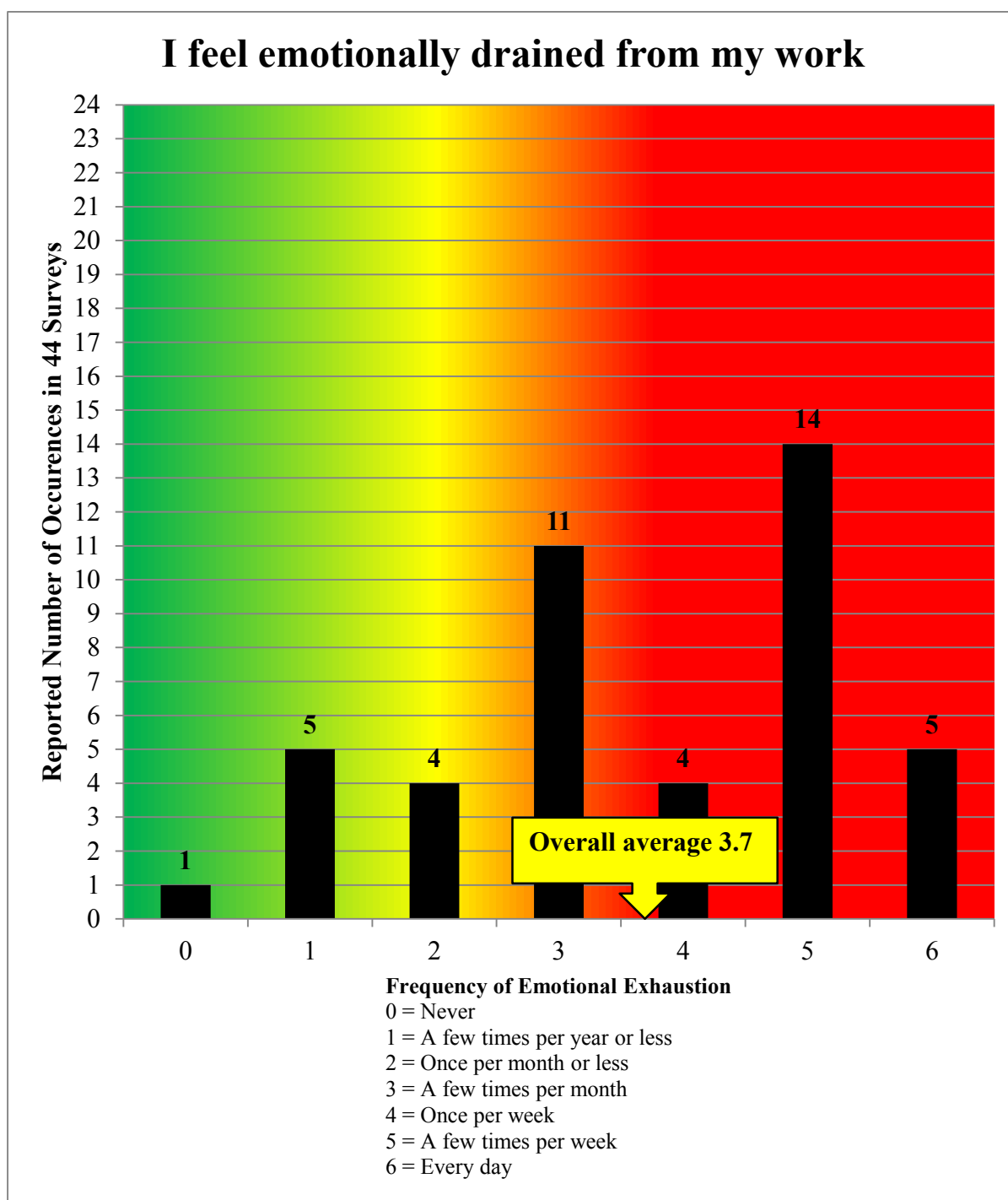


Figure 5. I feel emotionally drained from my work

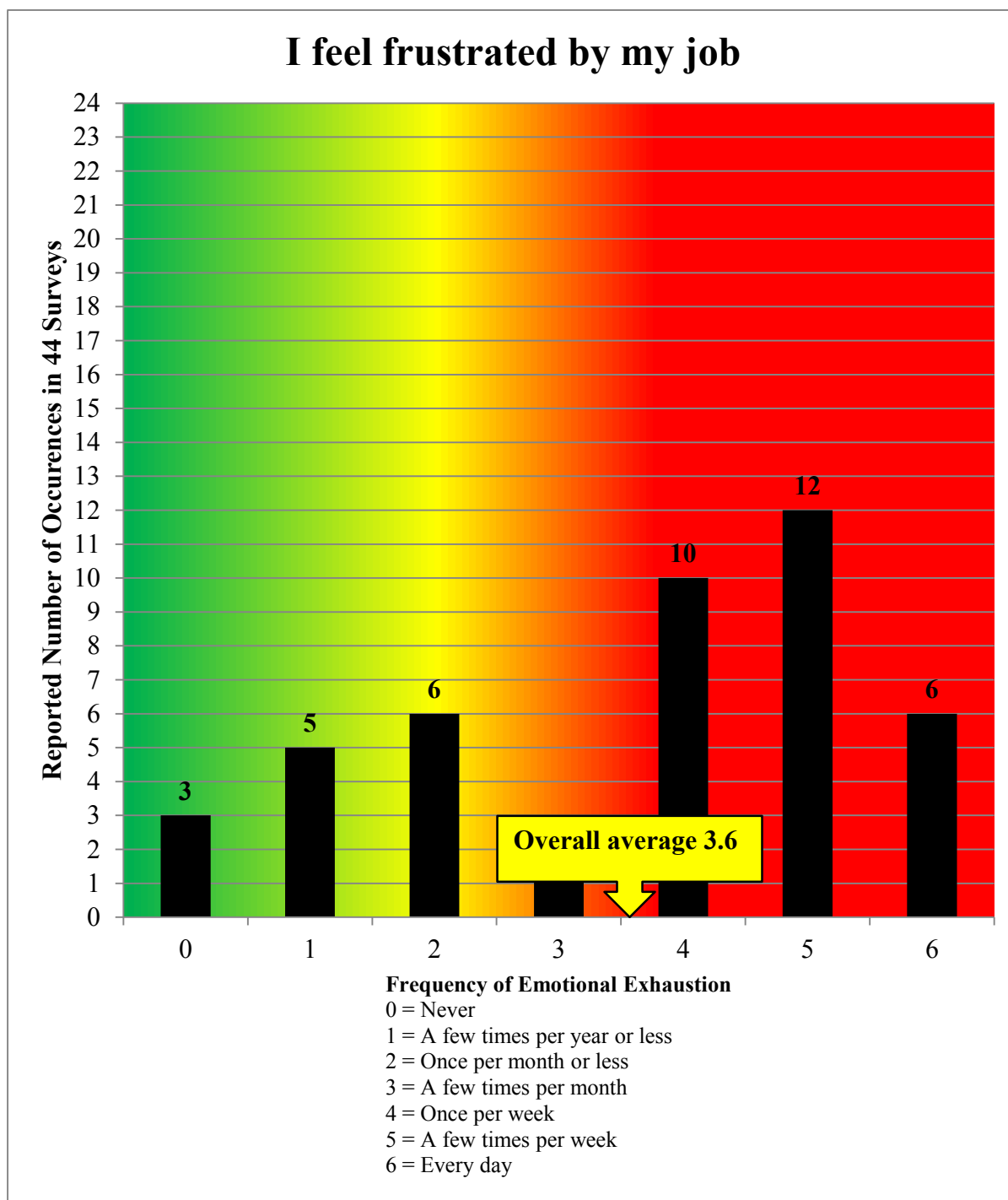


Figure 6. I feel frustrated by my job

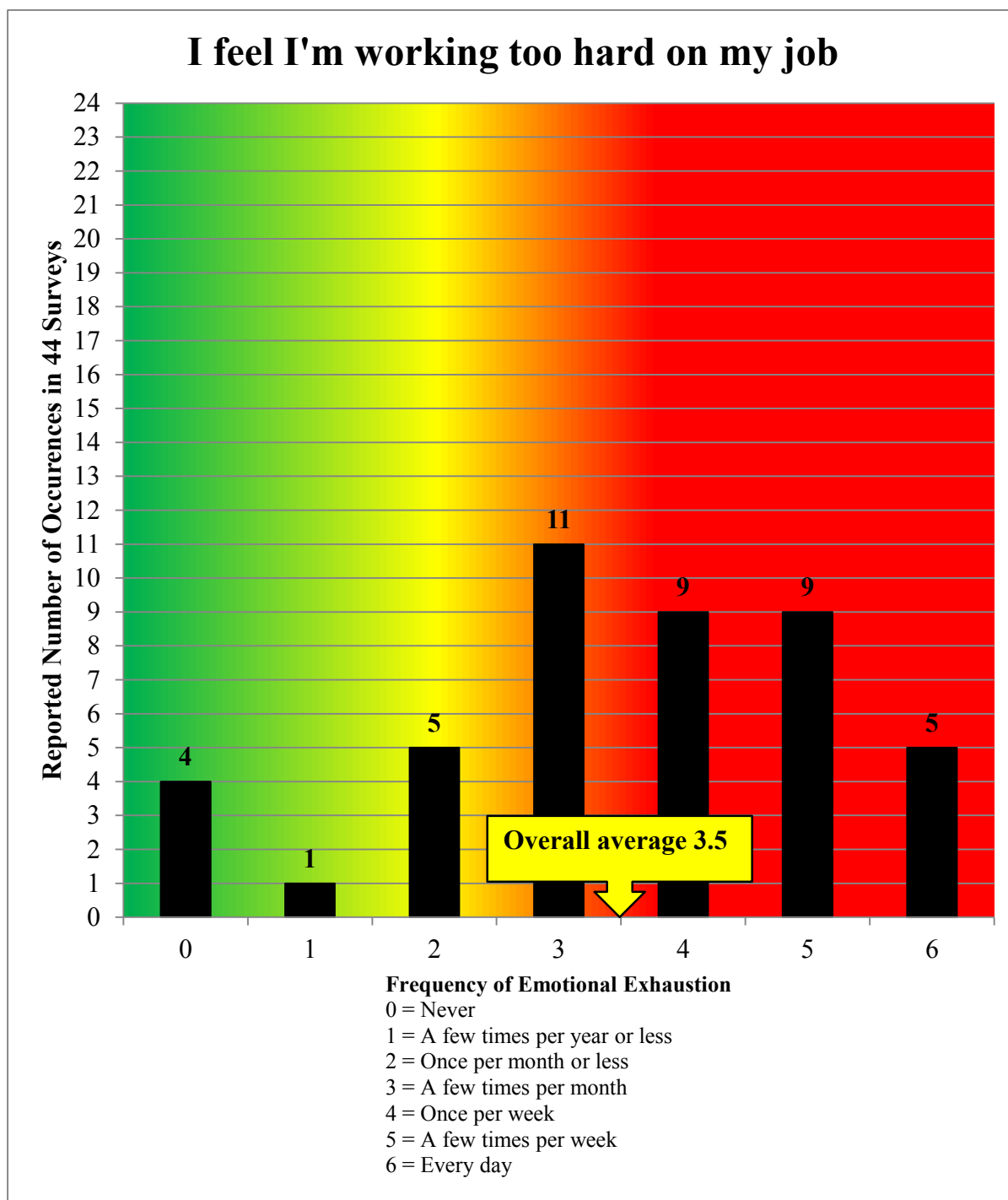


Figure 7. I feel I'm working too hard on my job

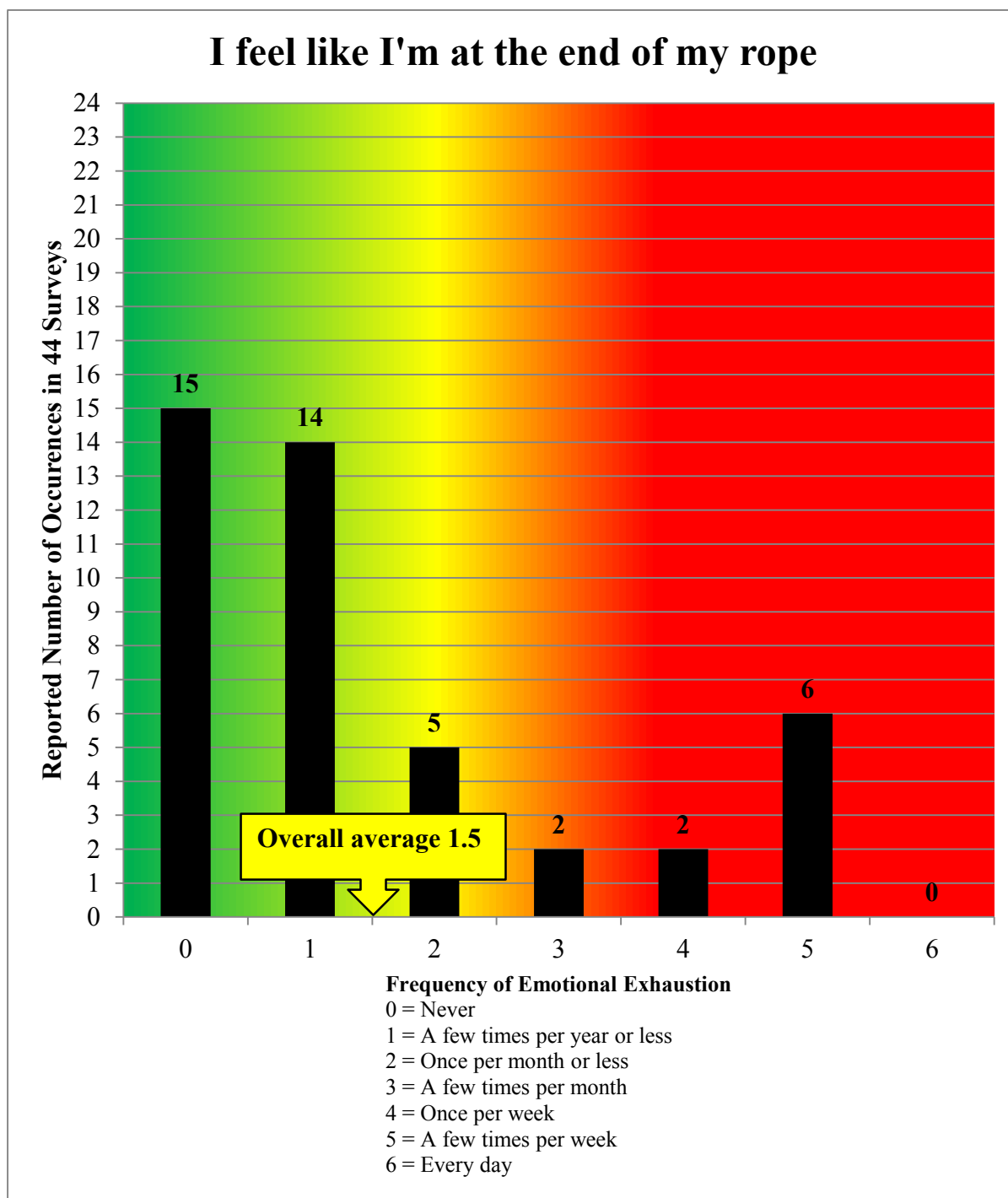


Figure 8. I feel like I'm at the end of my rope

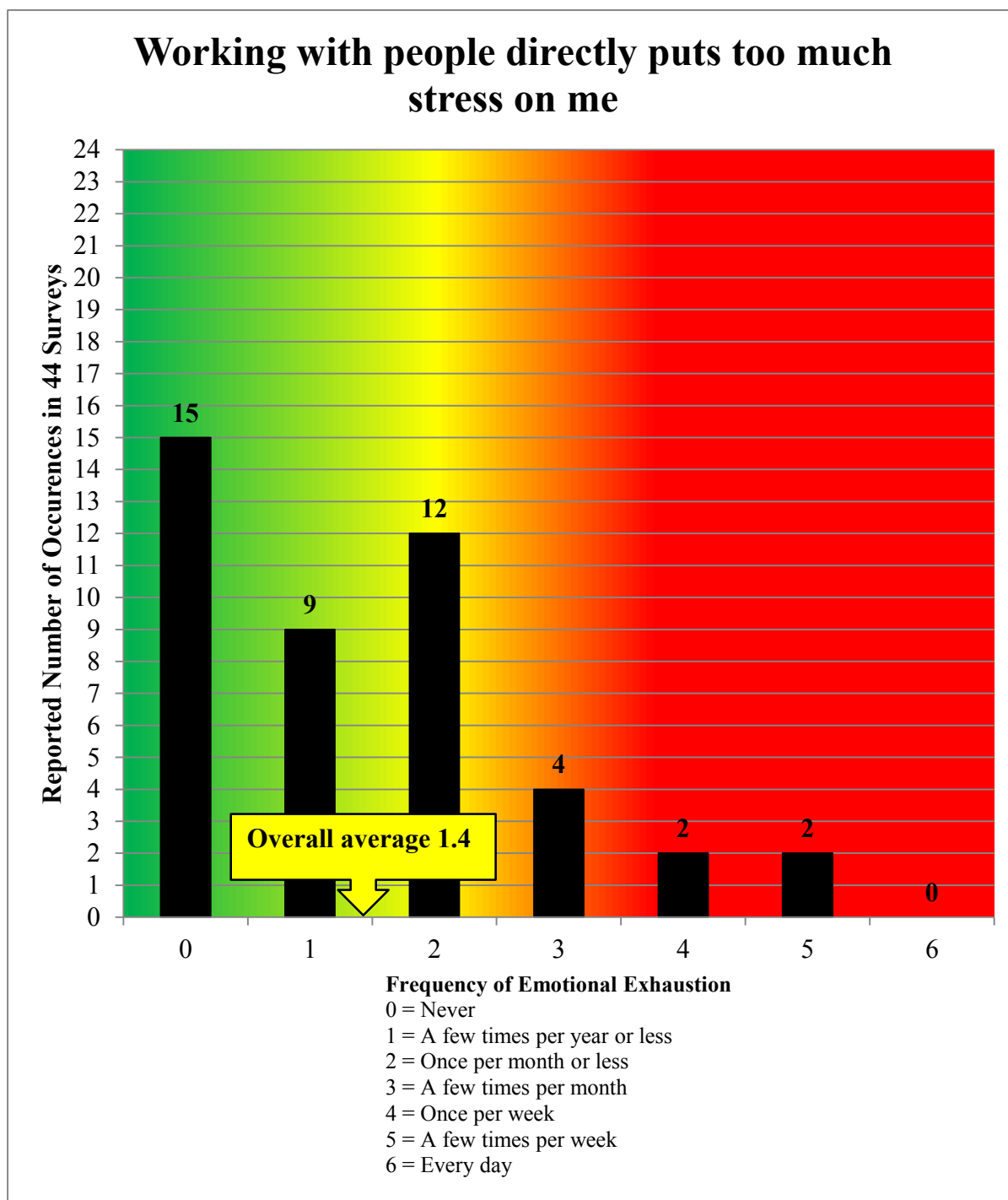


Figure 9. Working with people directly puts too much stress on me

Histograms of Responses to Individual DP Questions

The Depersonalization items all ranked under 2.5. The distribution showed the highest scores (more burnout) were concerns over the provider's feelings. "I feel patients blame me for some of their problems" (Figure 10) and "I worry that this job is hardening me emotionally" (Figure 11) are self directed feelings. The negative thoughts and actions toward others: "I feel I treat some patients as if they were impersonal objects" (Figure 12) and "I don't really care what happens to some patients" (Figure 13) received low scores. Scores of 4 or more indicate burnout on a weekly or more frequent basis.

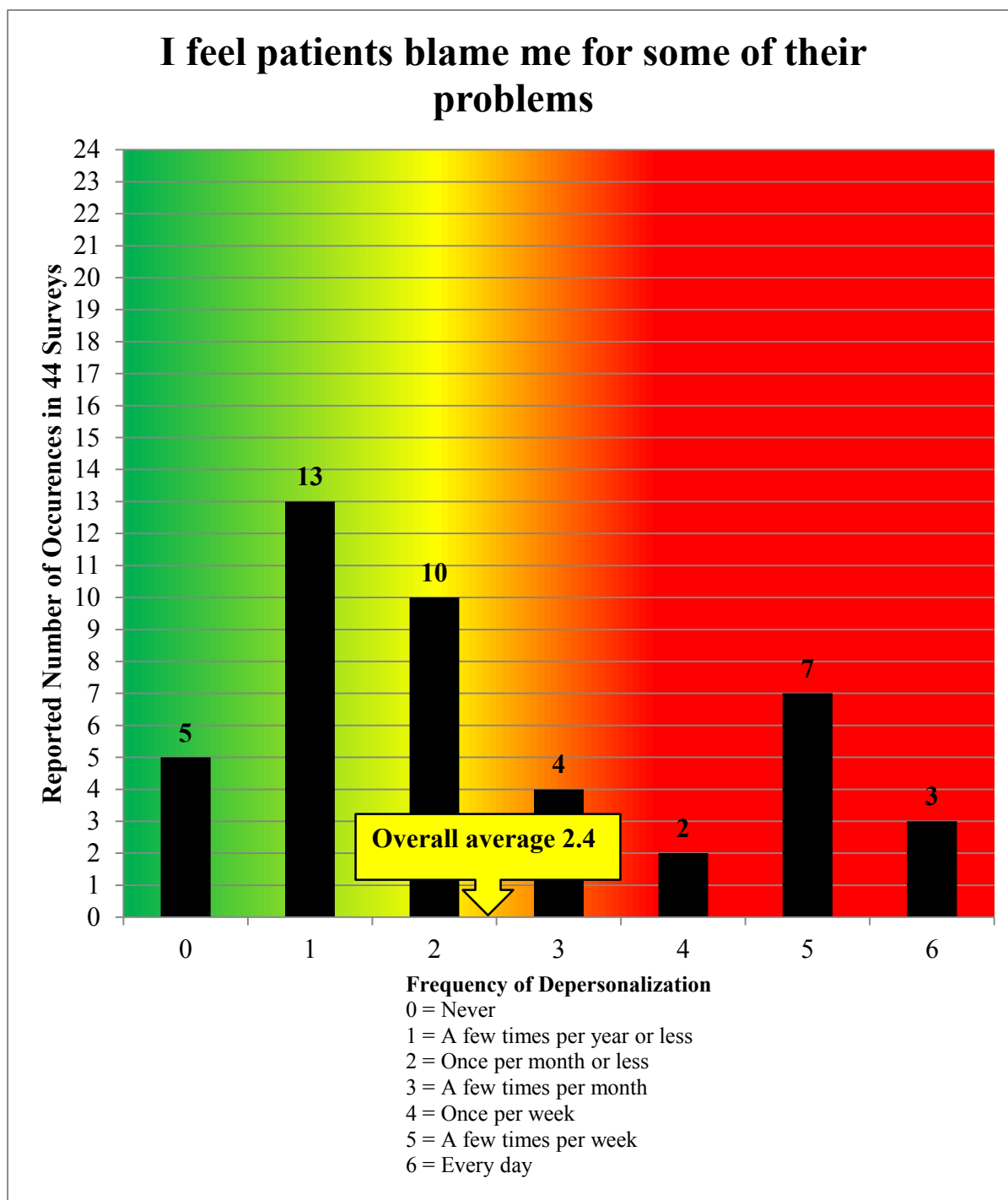


Figure 10. I feel patients blame me for some of their problems

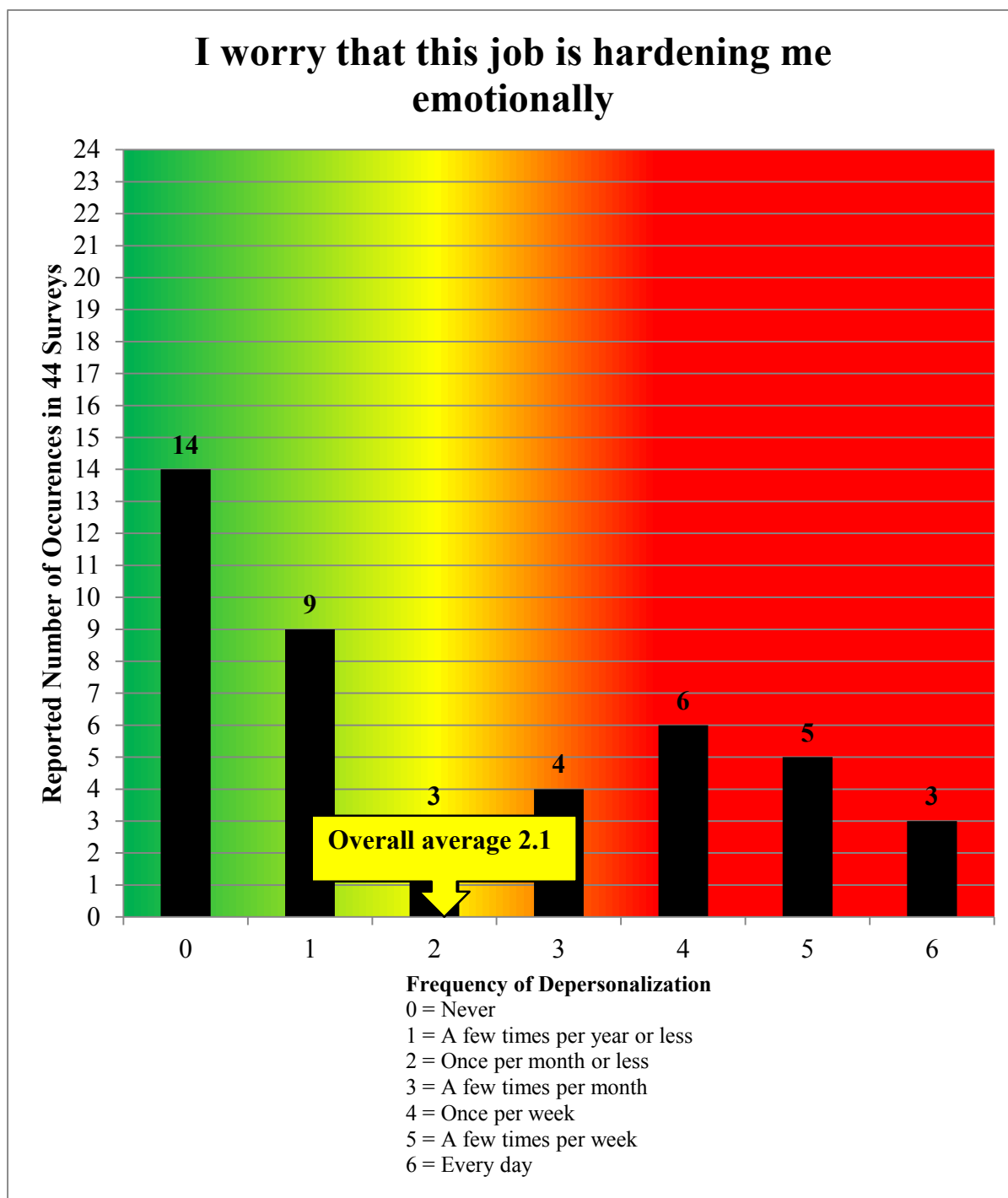


Figure 11. I worry that this job is hardening me emotionally

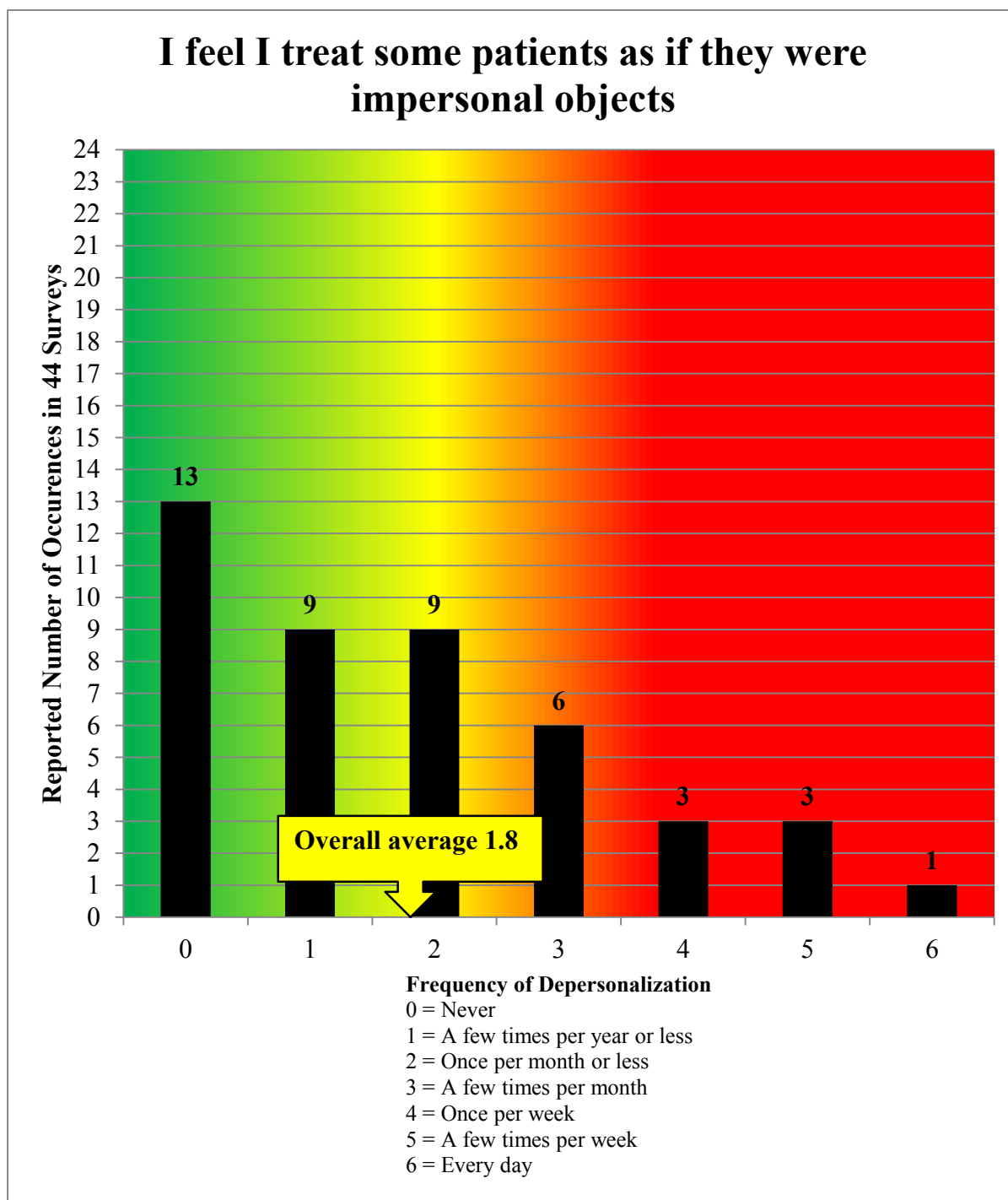


Figure 12. I feel I treat some patients as if they were impersonal objects

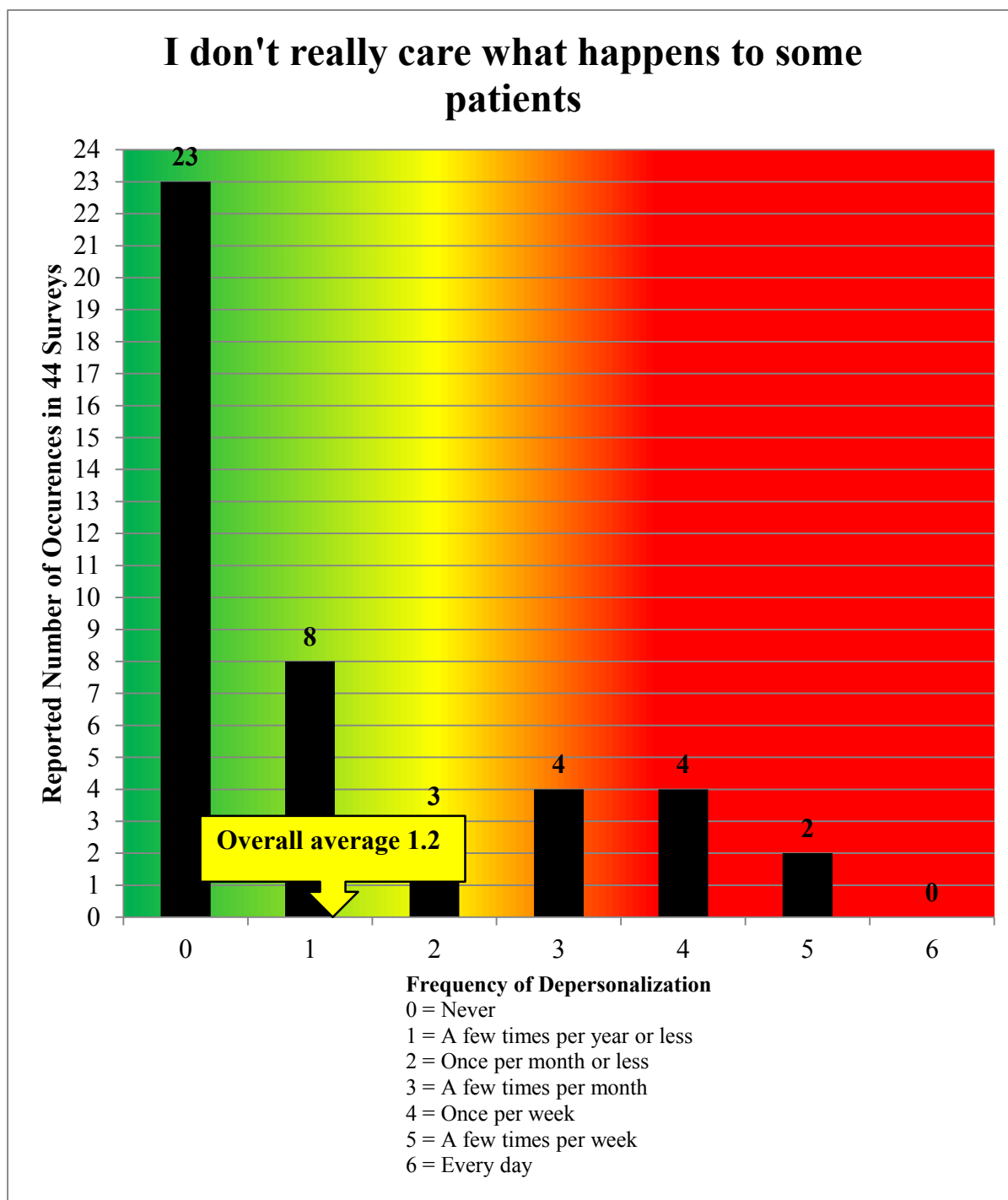


Figure 13. I don't really care what happens to some patients

Histograms of Responses to Individual PA Questions

Personal Accomplishment items were all 4.5 or higher, which shows a sense of job satisfaction. The highest scores were how the provider felt they dealt with the patients: “I deal very effectively with the problems of my patients” (Figure 14), “I can easily understand how my patients feel about things” (Figure 15), “I can easily create a relaxed atmosphere with my patients” (Figure 16), and “I feel I’m positively influencing other people’s lives through my work” (Figure 17). The lower scores (although still over 4) reflected their feelings about themselves: “In my work, I deal with emotional problems very calmly” (Figure 18), “I have accomplished many worthwhile things in this job” (Figure 19), “I feel very energetic” (Figure 20), and “I feel exhilarated after working closely with my patients” (Figure 21).

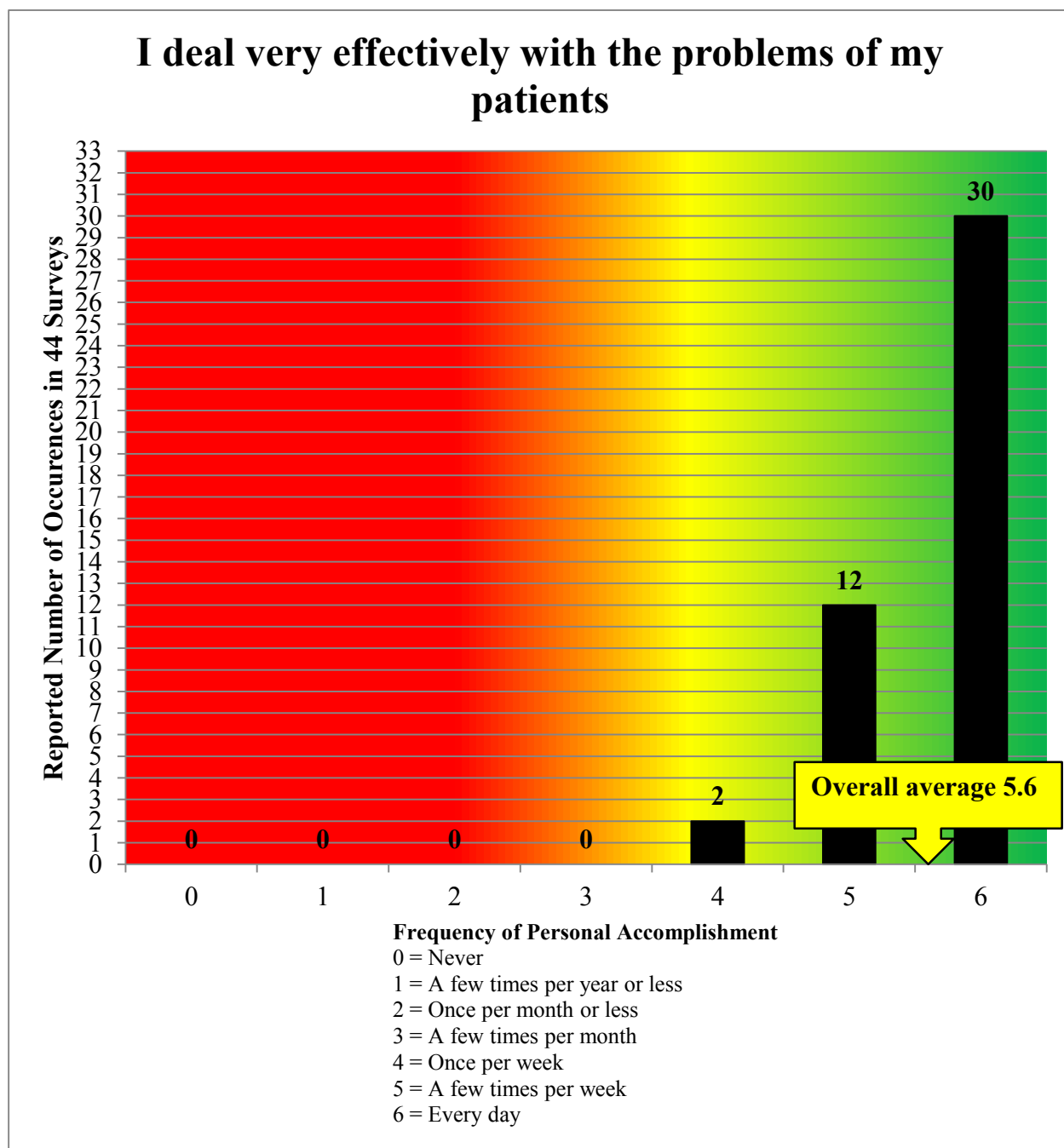


Figure 14. I deal very effectively with the problems of my patients

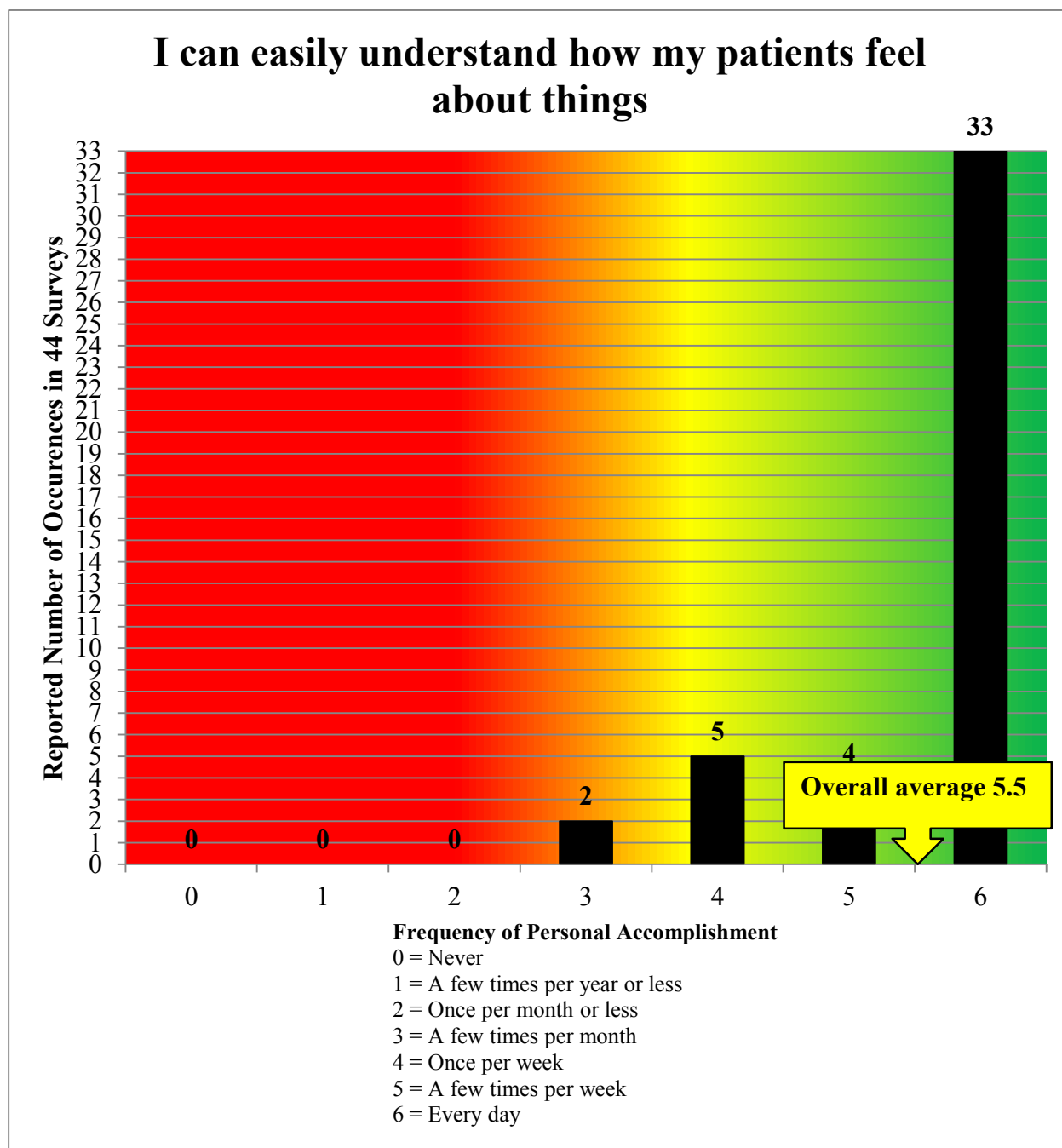


Figure 15. I can easily understand how my patients feel about things

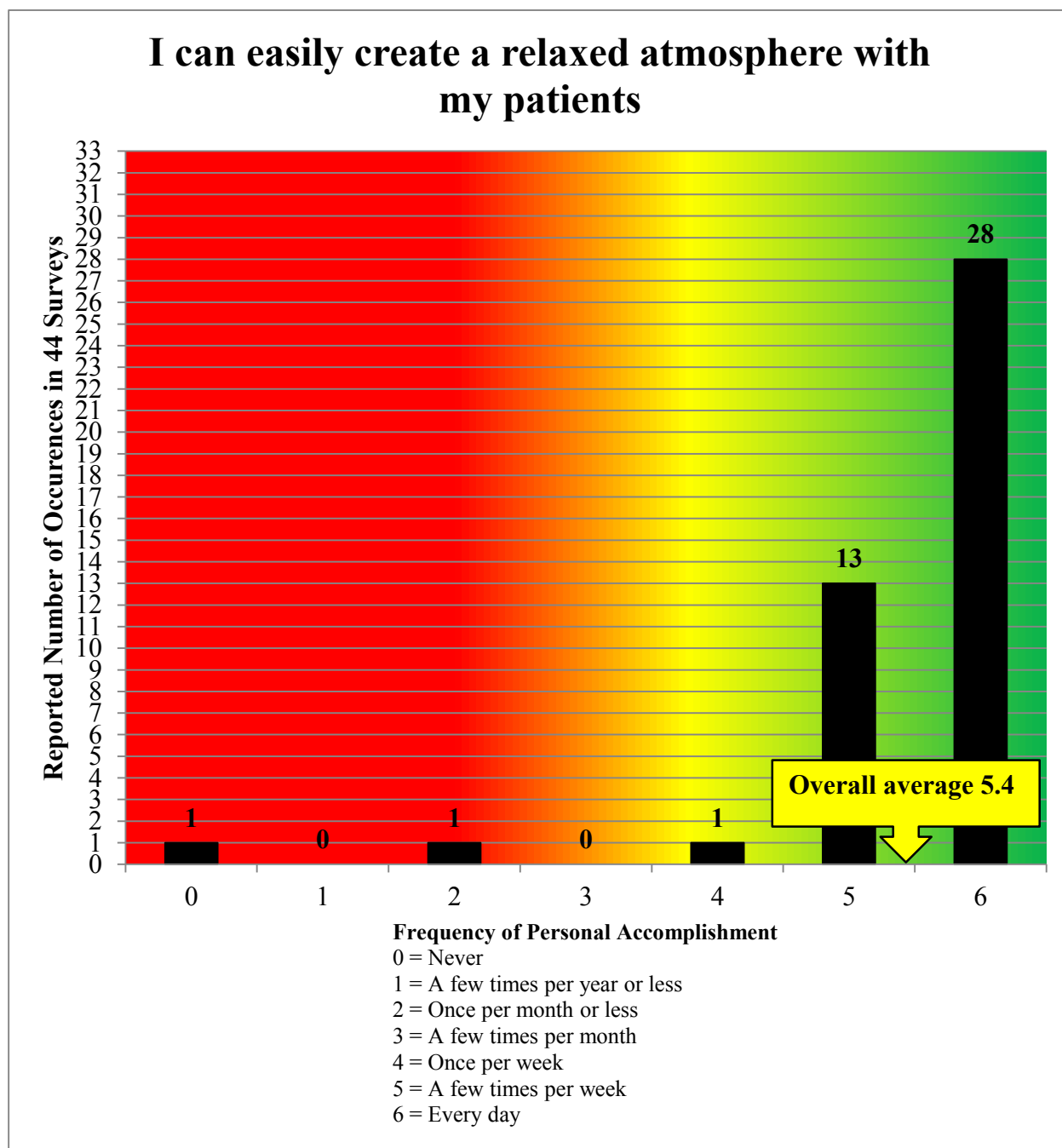


Figure 16. I can easily create a relaxed atmosphere with my patients

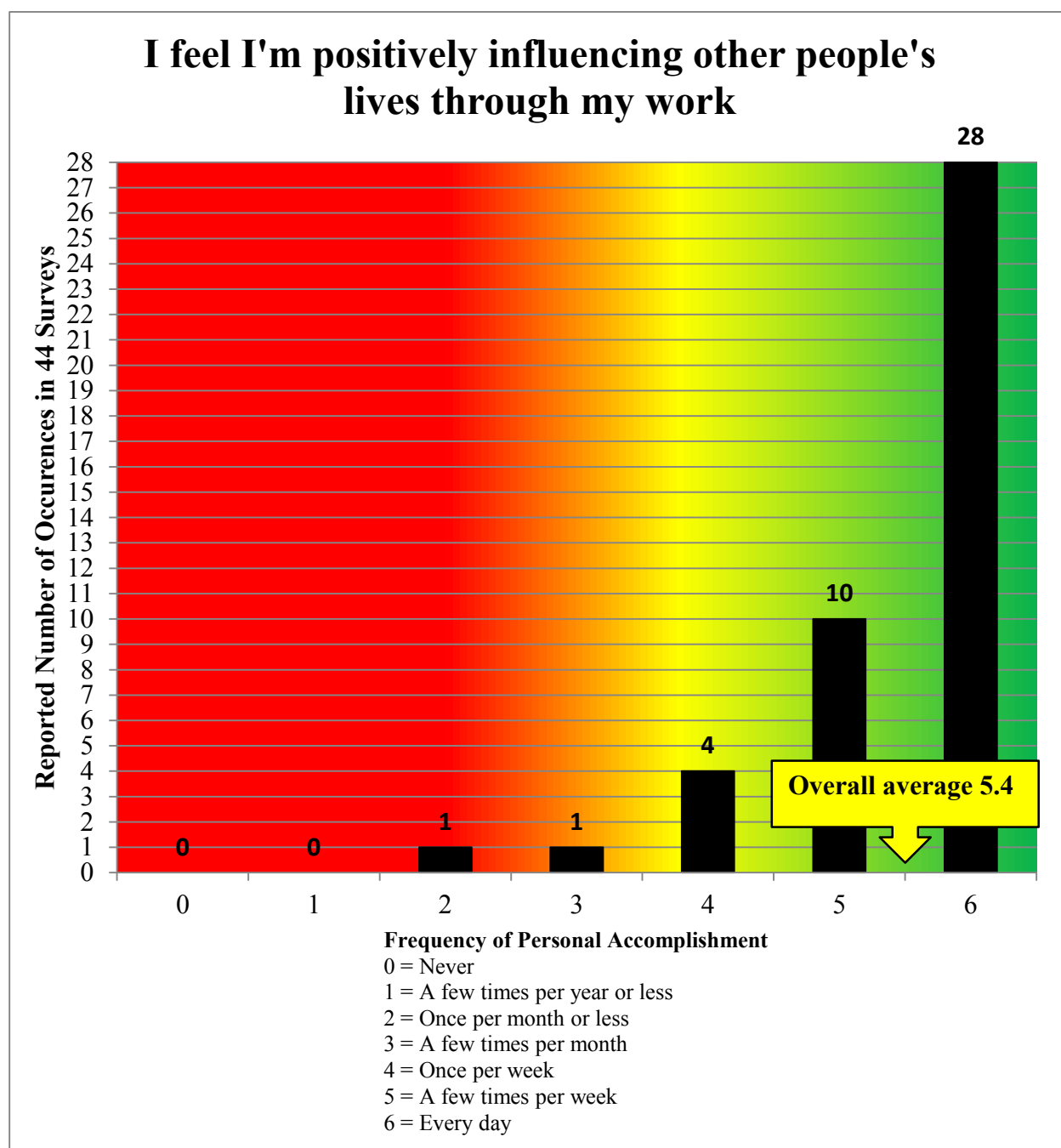


Figure 17. I feel I'm positively influencing other people's lives through my work

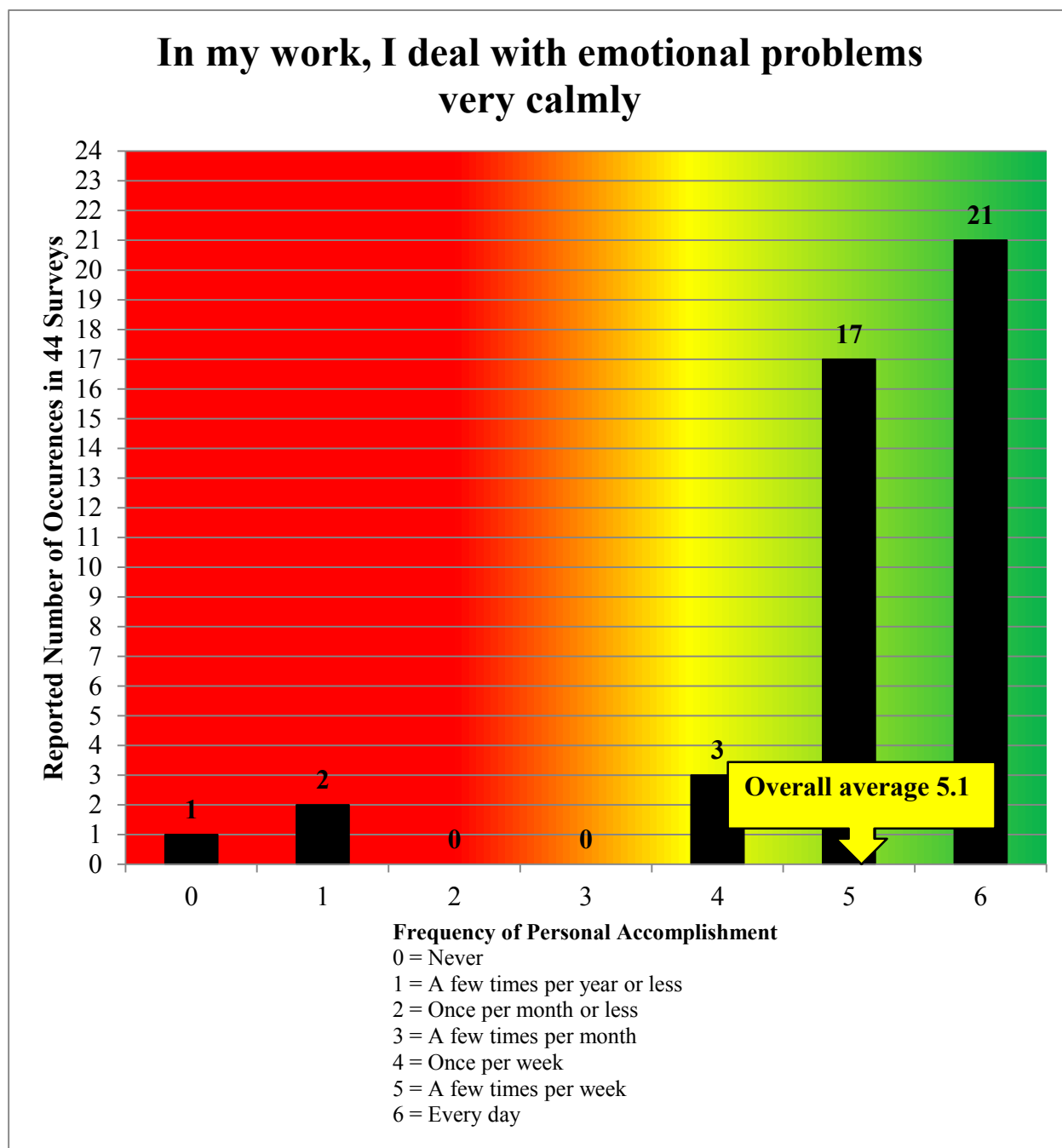


Figure 18. In my work, I deal with emotional problems very calmly

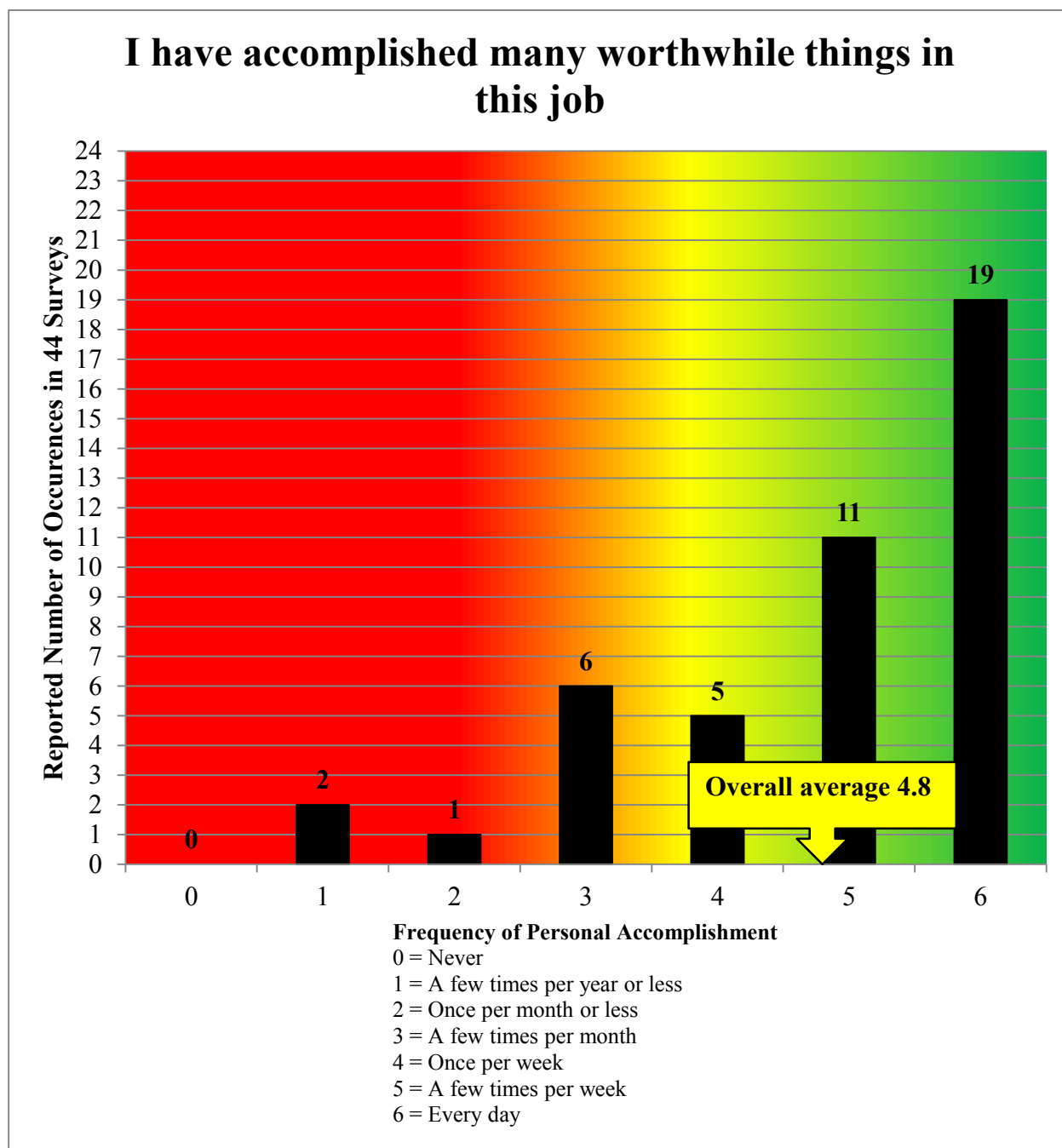


Figure 19. I have accomplished many worthwhile things in this job

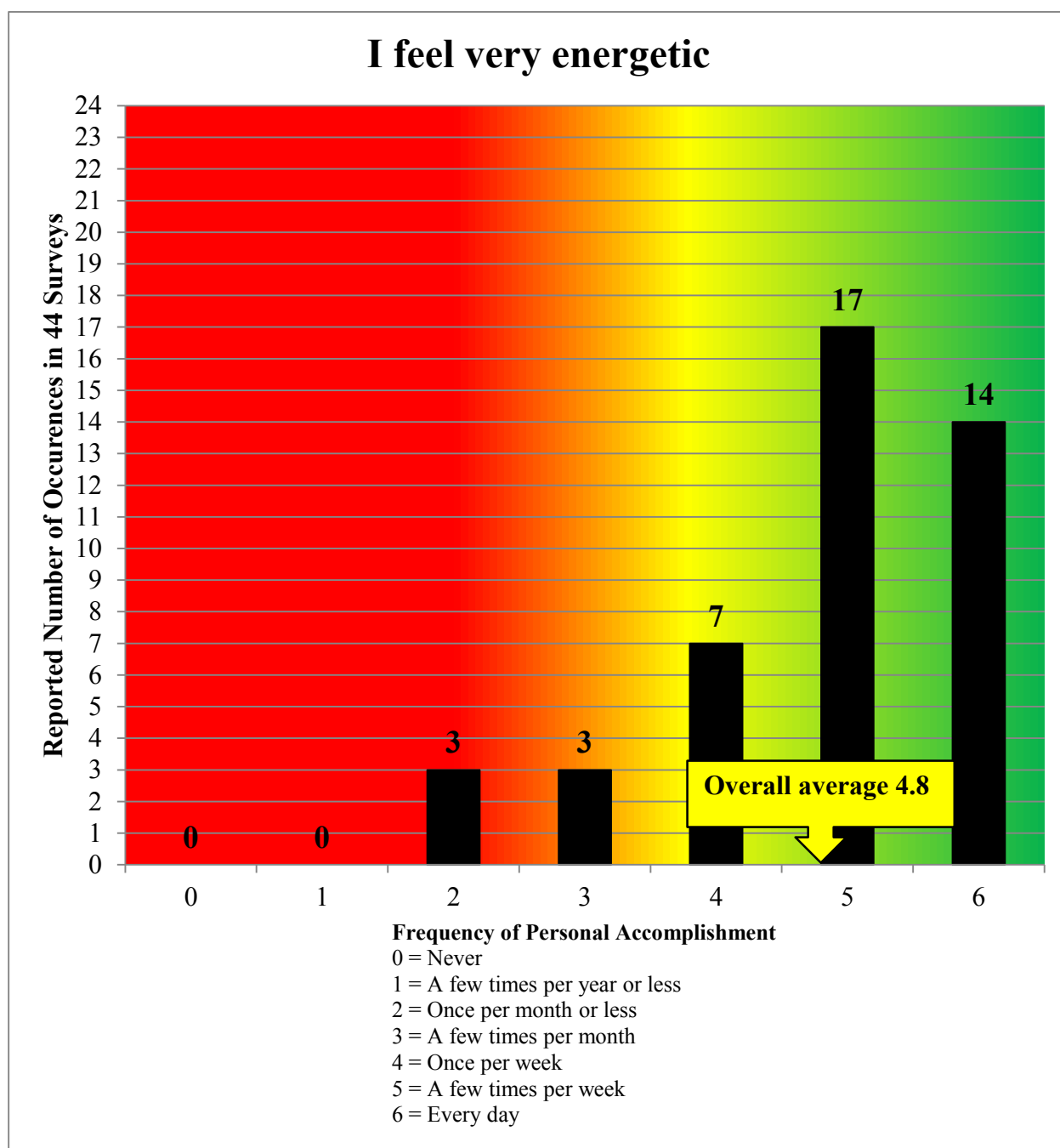


Figure 20. I feel very energetic

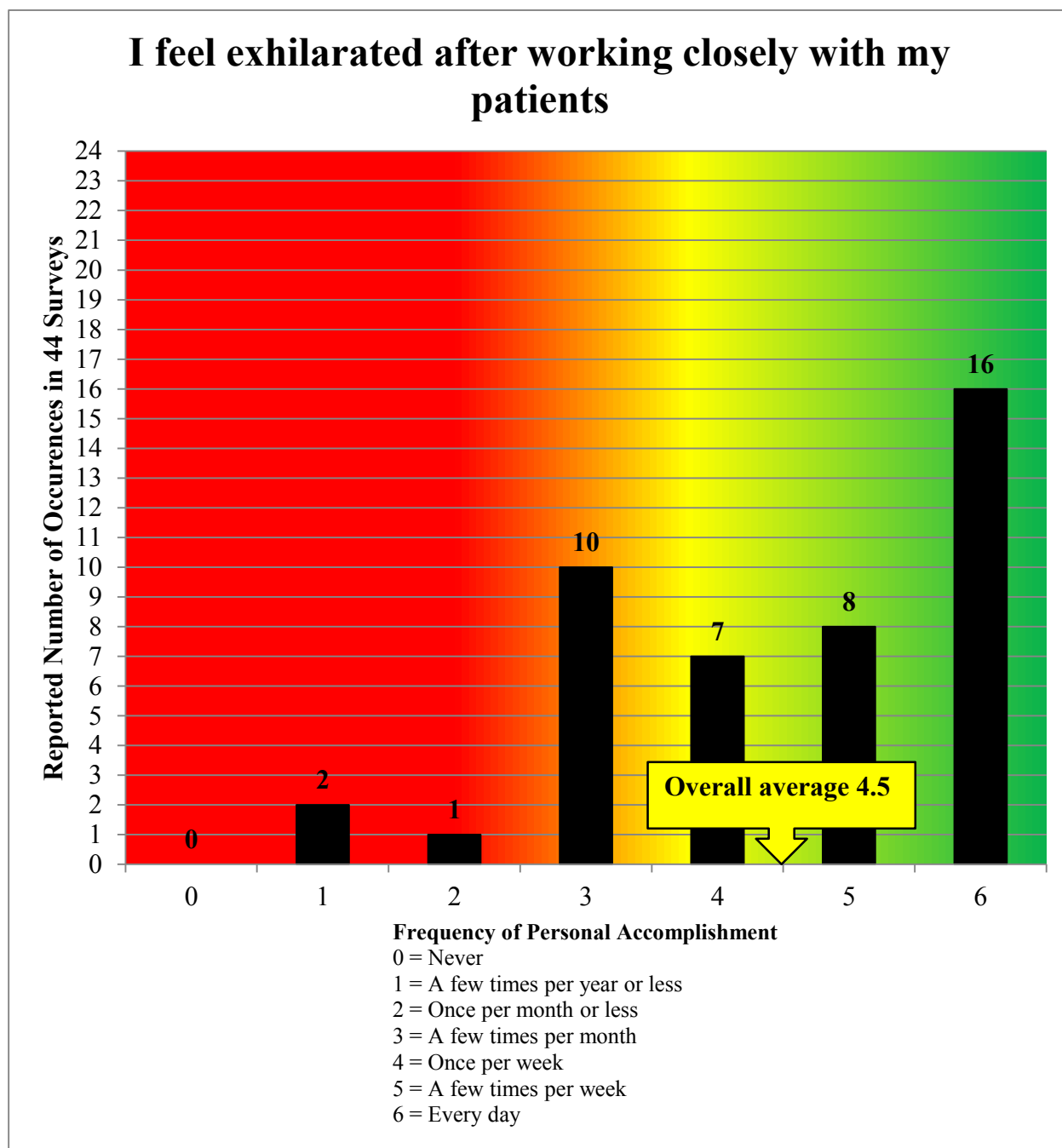


Figure 21. I feel exhilarated after working closely with my patients

PHYSICIAN WELLNESS PROGRAM

Cumulative Burnout Data

Analysis of the individual cumulative burnout data shows the spread of the responses. Figure 22 shows the entire 44 physicians. Figure 23 shows examples of high and low risk burnout patterns for selected individuals. Figure 24 shows the calculated total burnout risk score for each individual using the $T = PA - DP - EE$ equation.

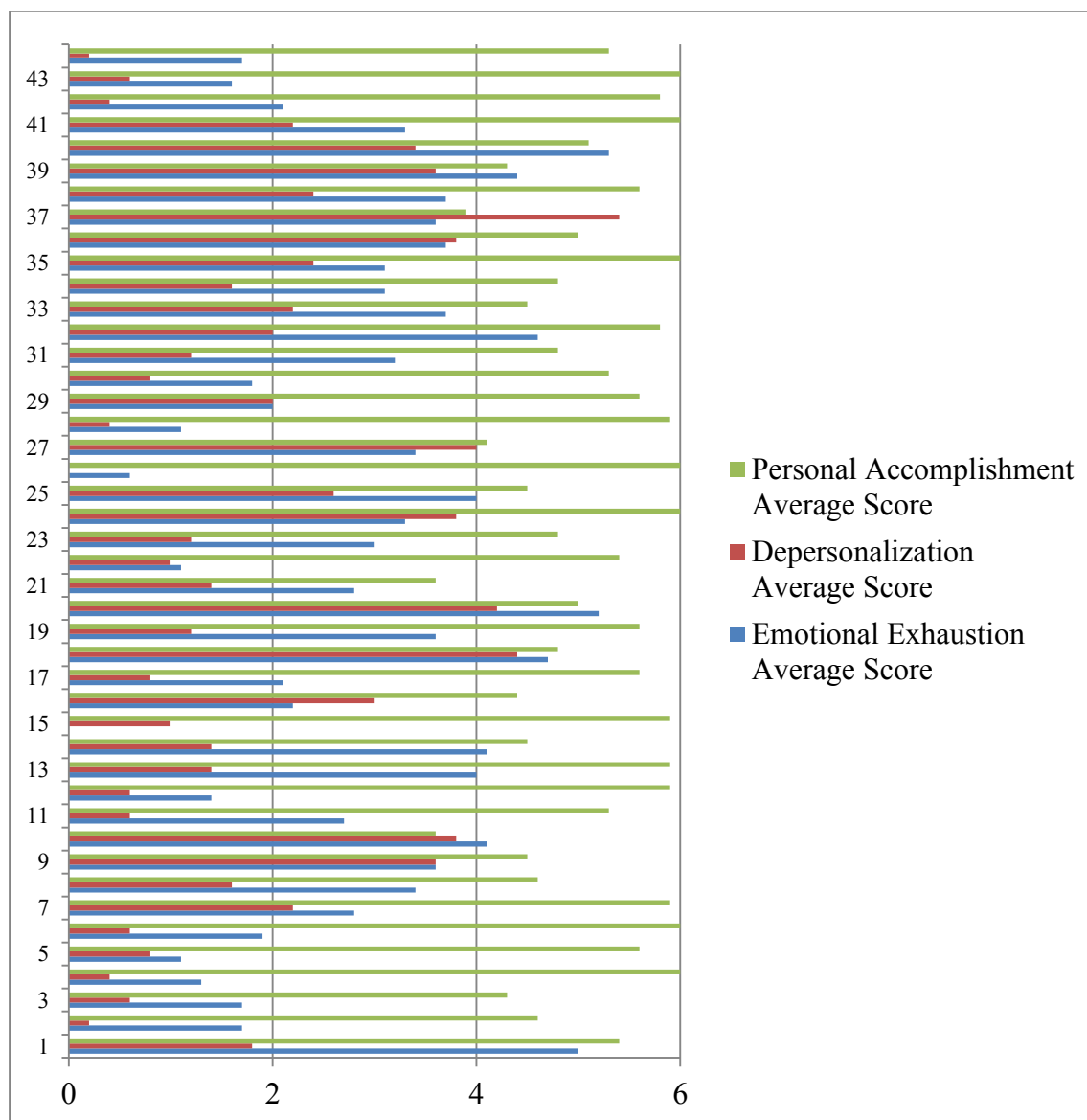


Figure 22. Individual cumulative burnout data

PHYSICIAN WELLNESS PROGRAM

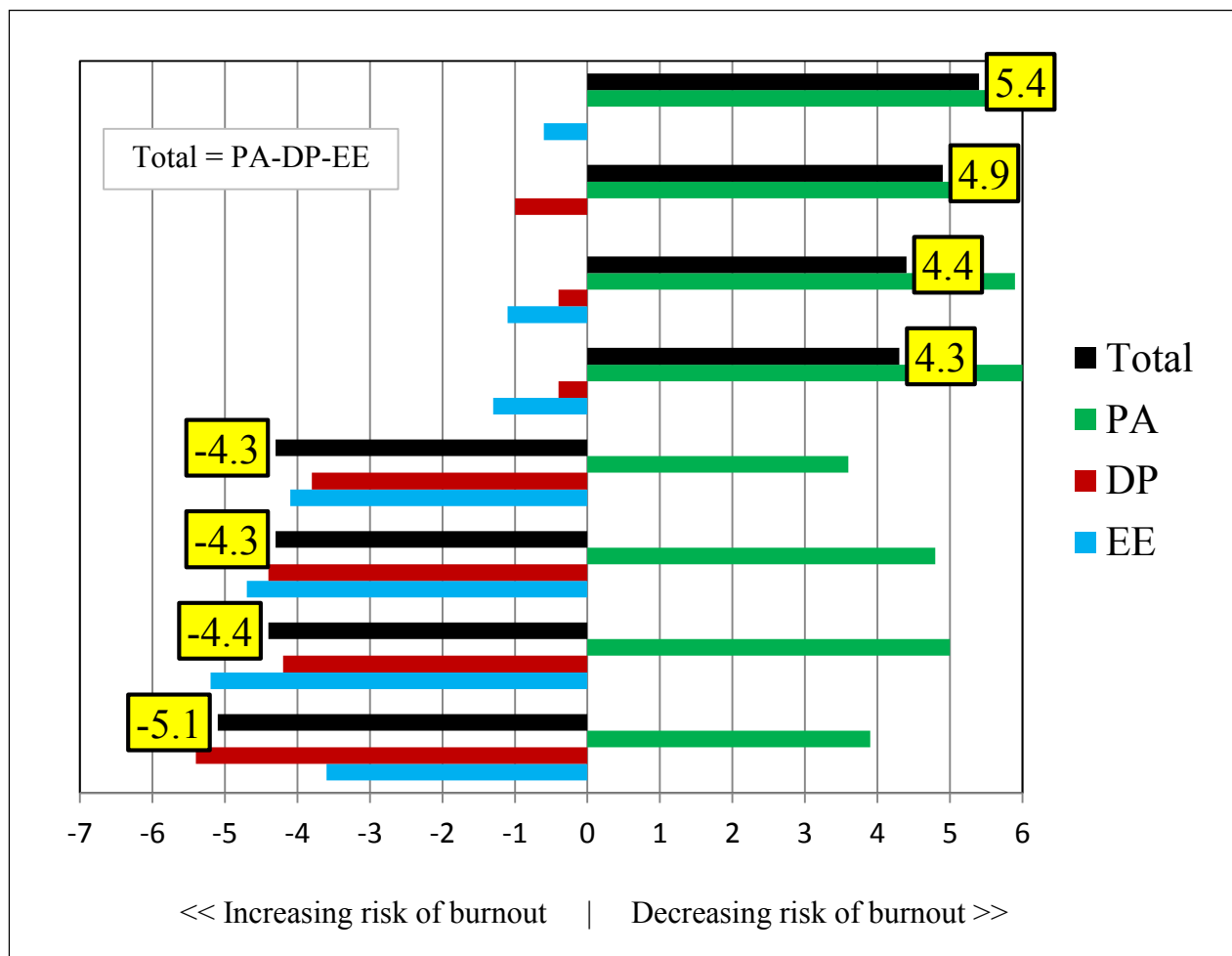


Figure 23. Examples of high and low risk for burnout

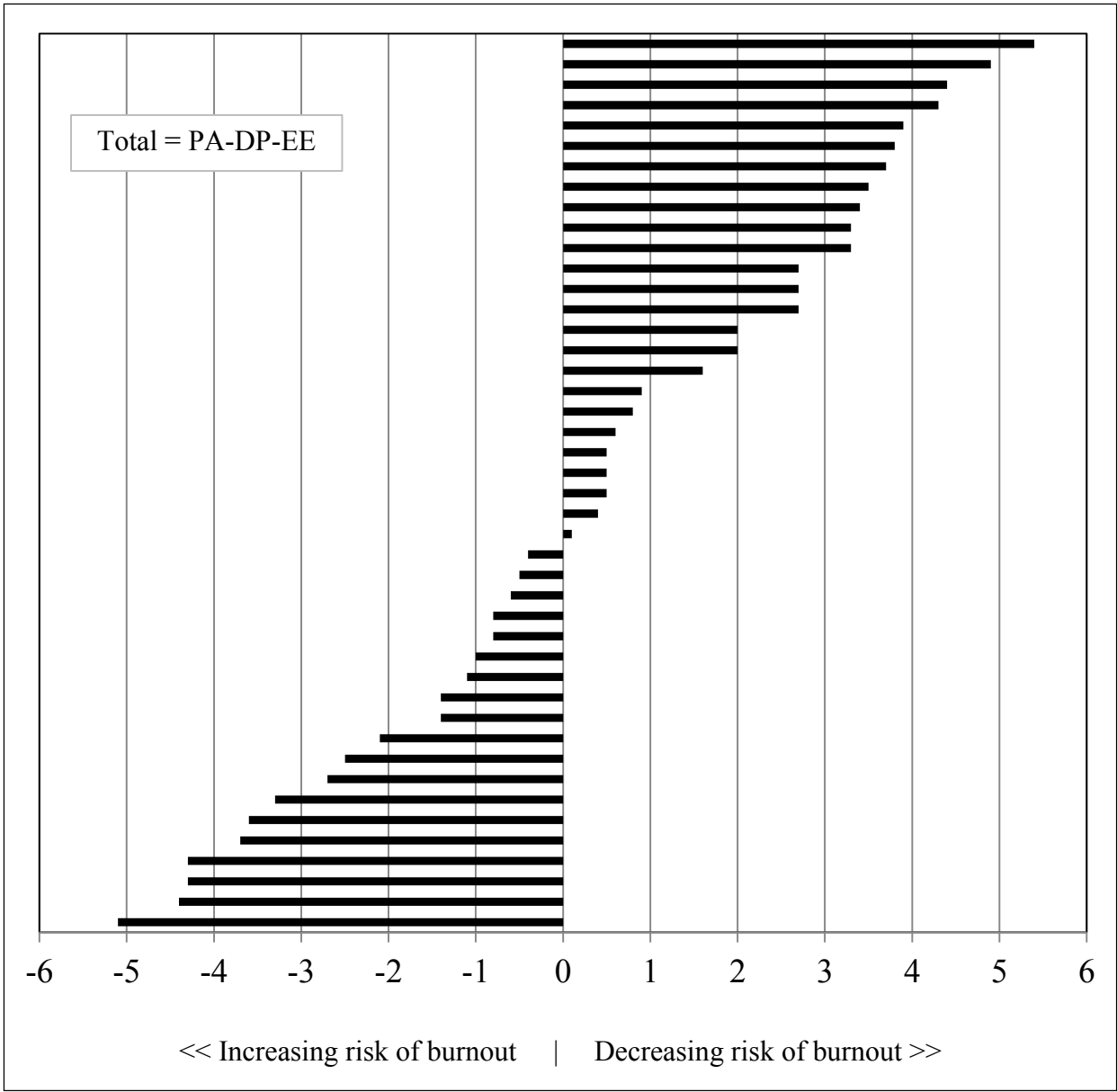


Figure 24. Total burnout risk score for each individual

Aggregate AWS Results

The Likert Scale for the AWS was: 1 - Strongly Disagree, 2 – Disagree, 3 - Hard to Decide, 4 – Agree, and 5 - Strongly Agree. High scores under this portion of the survey indicate a positive, healthy response. Figure 25 explains the AWS results:

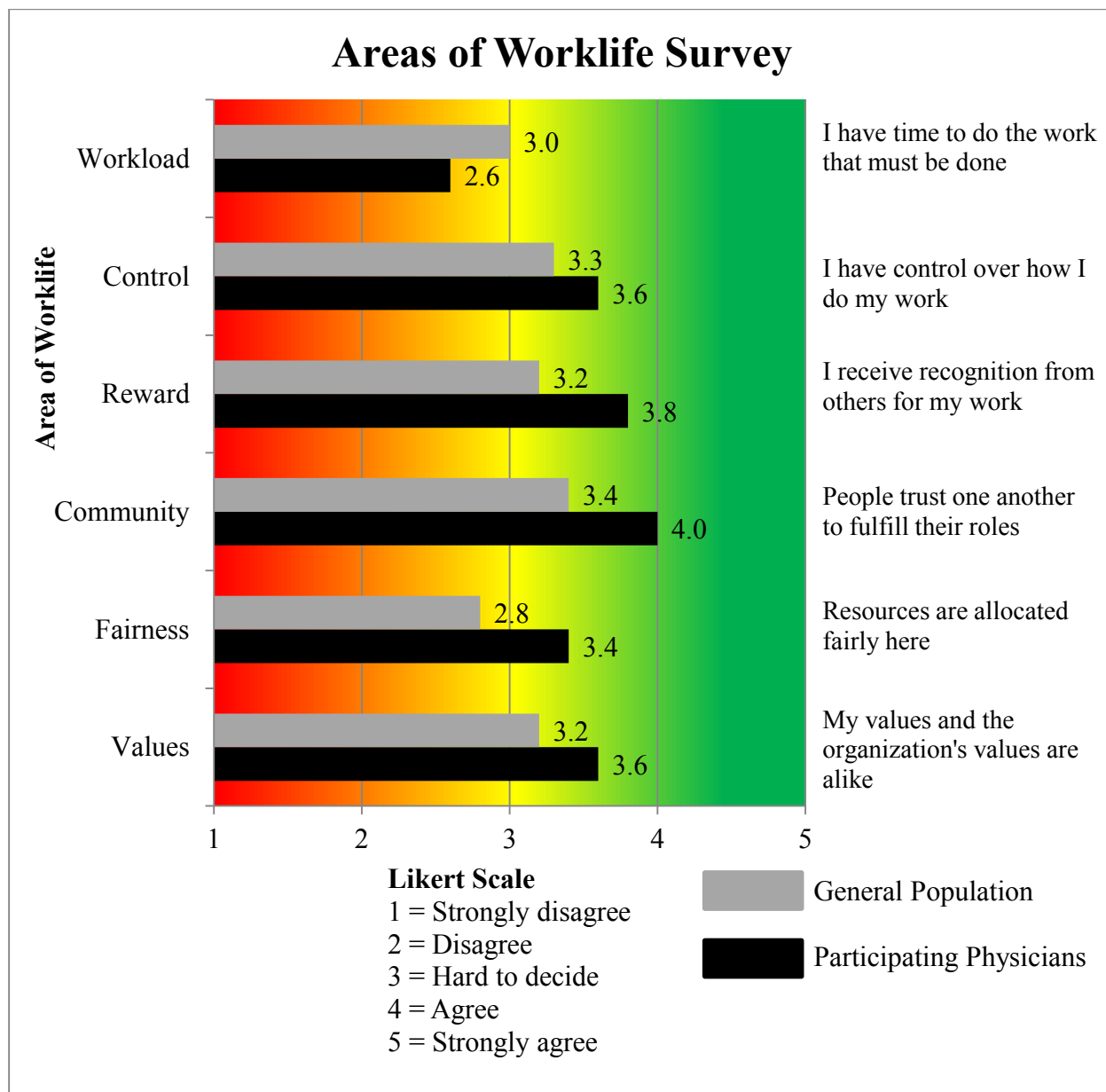


Figure 25. Areas of worklife survey

PHYSICIAN WELLNESS PROGRAM

The AWS can be summarized as follows with examples of typical questions in each category. Some questions have reverse (R) values.

- Workload items scored the lowest of AWS at 2.6. Four out of 5 questions ranked below 3. The two lowest questions were: “I work intensely for prolonged periods of time” and “I have so much work to do on the job it takes me away from my personal interests.”
- Fairness scored 3.4. “Opportunities are decided solely on merit.”
- Control scored 3.6. “I have control over how I do my work.”
- Values also scored 3.6. “My values and the Organization’s values are alike.”
- Rewards scored 3.8. “I do not get recognized for all the things I contribute.”(R)
- Community scored the highest at 4.0. “I don’t feel close to my colleagues.” (R)

Chapter Five: Discussion

Aggregate Data

The aggregate data results were different than anticipated. Observation of conversation and body language led one to believe that TVC physicians had major burnout. What is true, observation or self-reporting as revealed in the survey? Synthesis of the data showed that, compared to a general population, TVC physicians are expressing only one aspect of burnout, emotional exhaustion, more frequently than the general population. TVC is expressing depersonalization at an equal rate to the general population and has more personal accomplishment than the general population. Despite the prevalence of emotional exhaustion, it has not caused the physicians to treat their patients as objects. TVC physicians are still able to work with the patients. They are not at the end of their rope. The DP results show that the physicians have concerns about their own feelings of depersonalization. The physician is able to maintain good care toward the patient despite concerns about their personal attitude. Regarding PA the physicians appear to place patient concerns before themselves. TVC physicians still seem to have job satisfaction. It is important to intervene before the negative aspects of depersonalization and low job satisfaction appear. The lower scores of depersonalization and the higher scores of personal accomplishment show that there is still hope in the health of the TVC physicians. Personal accomplishment far exceeds the general population. Analysis of this area may indicate positive forms of intervention that could further promote personal accomplishment in the future.

PHYSICIAN WELLNESS PROGRAM

Years to Retirement

The number of years until anticipated retirement or leaving Tanana Valley Clinic may reflect the individual physician's extent of burnout, not just their age. Physicians have invested a number of years in their education and practice of medicine and it is worthwhile to use methods of intervention in order to extend their tenure. The average number of years until retirement seems to ensure a steady physician workforce for TVC. It is very hard to recruit and retain physicians, so that number for TVC is hopeful.

High Risk Potential for Burnout

TVC women and those who anticipate less than 10 years until retirement are at the greatest risk for emotional exhaustion. Women and those under 50 years of age have higher numbers of depersonalization. Although these show a trend, it would be valuable to look at the individual data in order to suggest personal methods of intervention.

Upon examination of the number of physicians scoring higher than 4 on the burnout scale for EE or DP, or 3 or less on PA indicates a true picture of actual individuals that need help now. If the AWS areas of concern are not met, further development of EE and DP, or loss of PA can result in total burnout. It may be useful for leadership to learn how an individual's core purpose in medicine, the heart of medicine, can align with the mission and vision of the clinic.

An equation $T = PA - DP - EE$ was developed to show quantitatively the extent of an individual's burnout. This may be a tool to follow trends of burnout on an individual basis.

PHYSICIAN WELLNESS PROGRAM

Comments

There were many well expressed thoughts under the comment section (Appendix D) regarding: the mission and vision of TVC, merit, value, workload, teamwork, work-life balance, doctor-patient relationships, and corporate structure, which show the passion of the physicians. The following quotes are examples.

- I have wondered if there were more formalized relationships between the nurses and the physicians and they took a team approach, there would be better care for the patients.
- I also would like to add that one of the appealing aspects to working at TVC is that there does seem to be flexibility in how your job is constructed (full vs. part time) to best match what the provider and their needs are (family, recreational time etc.).
- I have been disappointed since joining TVC as a physician to feel that within the clinic leadership and administration the marker of being a "good" or "valued" physician is to generate revenue and be "productive". I understand that income is important and that there is a financial reality to the field of medicine, but I've been quite surprised at the imbalance I've seen at TVC. Really the emphasis and the conversations are about RVU's (relative value unit) and efficiency and income and I see little celebration or appreciation for high quality compassionate care. Certainly primary care seems like a "necessary evil" that is tolerated, rather than truly celebrated or appreciated, at our clinic. I wish we could find a better balance.
- I am unable to finish charts in a timely manner because I do not feel typing on the computer in the room lets me interact well with my patients. It leaves much work at the end of the day.

PHYSICIAN WELLNESS PROGRAM

- Time considerations: I do not have enough time to eat well, exercise well, or get enough sleep, particularly working back to back shifts. My current work setting, as rewarding as it is in so many ways, is not sustainable in the long term.
- I believe credit is given based on longevity and how much money one generates for the clinic, not on whether or not an idea is valid.
- The mission and vision of the clinic is more money driven than my personal goals which are more patient centered.

These comments need to be taken seriously in order to hear the heart of the physician. A physician wellness program should address the physical, emotional, mental, and spiritual wellbeing of the physician.

Chapter Six: Impact

It is anticipated that intervention will have a major impact on burnout and the subsequent retention and recruitment of physicians in this small town community, and that lessons learned may be of value and interest to others. This will have value statewide and nationally. A healthy, secure physician workforce will assure more immediate and long term access to quality health care.

Chapter Seven: Strengths and Limitations

Limitations were that the data for the MBI-HSS norms were collected between 1978 and 1985. The MBI population was 11,000 people in the health field. The 22,500 general population numbers for the AWS were not all American physicians, but a more general, international group population of mostly hospital and university employees. The norms for AWS were drawn from 36 surveys occurring from 1999 to 2006. The population age of the general population was primarily 30-59 and 33% male and 66% female. The limitation is that the TVC group was all physicians, not a varied healthcare workforce. The population age was similar but the gender distribution was different. TVC physicians are 61% male and 39% female. It would be valuable to compare this TVC study with a similar, small American city physician group to get a better idea how TVC physician numbers compare.

A limitation is that data breakdown by years to retirement, age, and genders were not statistically significant. However, future surveys, following interventions, could be used to determine a trend. Another limitation of the survey was that it was a self-report. Observation studies might reveal different data.

A strength is that the Mindgarden general population comparison could be useful if Banner plans to survey the whole staff in the future. Some of the purchased AWS questions could be customized for TVC or Banner to bring out more exact data in order to do selective interventions. Larger numbers of participants would allow further breakdown of the data and allow cross tabulations to determine the burnout for each department.

PHYSICIAN WELLNESS PROGRAM

Another strength of this survey is the high response rate. Ninety two (92) % responded in time for the report, however 98% eventually responded. Individuals are able to access their own numbers to see their extent of burnout. TVC is the first clinic in Alaska to perform a physician burnout survey.

Chapter Eight: Public Health Implications

This survey will have an impact on the 8th area of the Essential Public Health Services which is to assure a competent public health and personal health care workforce. Public Health supports development of employee wellness programs. Healthy People 2020 goals include access to care and clinical preventive services. One of the 25 leading health priorities for Healthy Alaskans 2020 is to reduce the proportion of Alaskans without access to high quality and affordable health care. The Affordable Care Act (ACA) states that quality, efficient, affordable health care is to be provided to all Americans.

This survey could be offered to the entire staff to assess the whole workforce. The basic principles could apply. Preventing and correcting burnout could help preserve the present workforce and make work appealing to future employees. A solid workforce could help ensure quality care for the American people.

Chapter Nine: Conclusions and Recommendations

The extent and causes of burnout were revealed in the AWS-MBI survey. A recommendation was made to the Tanana Valley Clinic Administration to take this data seriously and consider moving forward with a physician wellness program. If that program shows effectiveness in preventing and/or treating burnout, it should also be offered to the remainder of the staff. Banner could evaluate the program and see if it is worth taking the program Banner-wide. This survey has potential value for other service organizations including: teachers, social workers, counselors, and the judicial system. The impact would be recruitment and retention of employees in those areas (Appendix E).

Chapter Ten: Future Direction

The survey showed evidence of burnout in the physicians at the Tanana Valley Clinic. It is recommended that leadership proceed with analysis of the data to assess the causes of the burnout and then select interventions based on the causes. The initial proposed intervention would be to develop a Balint group. Administration should consider means of intervention to lower emotional exhaustion and depersonalization and improve personal accomplishment in order to prevent burnout and restore those physicians that are burned out. Those populations with a higher incidence of burnout; women, those younger than 50, and those close to retirement or choosing to leave TVC, should be addressed first. See Appendix E for the physician wellness program recommendations.

Vicarious trauma, compassion fatigue, secondary trauma, reflective supervision and trauma informed care describe possible effects on physicians who care for people that have suffered emotional, physical or social losses (National Center, 2014; The National Child, 2012; The National Child, 2014). Providers share in the joys and sorrows of their patients, which has an emotional impact. Difficult patient behaviors; managing complicated medical conditions; and isolation from the mainstream medical community, either geographically or by practice type; can negatively impact a practicing physician.

Providers have developed methods of empowerment which include: establishing boundaries, acquiring coping skills, building teamwork, and lowering expectations (Woolhouse, Brown & Thind, 2012). Academic medical centers, continuing medical education opportunities and Balint groups are available for rural based physicians to access information and colleague

PHYSICIAN WELLNESS PROGRAM

support, which help them develop resiliency to serve their isolated communities (Morley, 2012). Future efforts should consider incorporating these solutions.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has 6 key principles to help deal with trauma. SAMHSA wants to recognize signs of trauma within the clients and staff, educate staff and clients, and develop policy that develops resilience and recovery. The principles include:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues (SAMHSA, 2015)

Application of these principles will help empower the clients, caregivers and health care providers, which could help reduce burnout.

Community scored high in this survey. It reflects trust and collegiality among the providers and a positive spirituality of the workplace. Spirituality has three domains: personal, clinical, and organizational. The personal can be described as: personal centeredness, sense of purpose, character and intent to heal. The clinical involves the relationship with the patient, through history taking, examination, and determination of a plan and purpose in line with the patient's intent. The organizational is revealed through the mission and vision.

PHYSICIAN WELLNESS PROGRAM

All these elements of community overlap in the health care setting. There are methods available to cultivate community: share the workload; value all employees; create a safe, secure workplace; recognize, affirm, empower and support employees daily; deal with conflict in a healthy manner; recognize the problem and move on; place blame on the situation not a person; know and care for your colleagues; ignore slight imperfections; add humor and tell stories; be transparent; and reflect and be willing to change (Craigie, F.C., 2010). The elements of community will help enrich staff resilience in order to handle the vicarious trauma that occurs in the practice of medicine. Through community, employees are engaged and empowered; physician wellness is preserved; and the team can deliver compassionate, quality care to the patients.

PHYSICIAN WELLNESS PROGRAM

Recognition

Committee members: Chairman, Dr. Virginia Miller, Dr. Rhonda Johnson, and Dr. Michael Swenson

External Reviewer: Dr. Linda Chamberlain

Mind Garden Staff: Chris

TVC Staff: Ky Gowans, Steve Leslie, Dr. George Rice, Dr. Gabe Schuldt

Banner Medical Group: Ann Coombs, Research Director Western Region/Banner Research

Biostatistics: Joseph Chernich

Computer applications: Bob Tsigonis

References

American Academy of Family Physicians (AAFP). (2013). *Resolution No. 606 – Physician burnout*. Retrieved from: <http://www.aafp.org/about/governance/congress-delegates/2013/resolutions/resolution-606.mem.html>

American Academy of Family Physicians (AAFP). (2014). *Physicians value patient relationships but unsure about health policy changes*. Retrieved from: <http://www.aafp.org/news/practice-professional-issues/20141009practicesurvey.html>

American Academy of Family Physicians (AAFP). (2014). *Physician burnout (position paper)*. Retrieved from: <http://www.aafp.org/about/policies/all/physician-burnout.html>

American Balint Society. (2015). http://americanbalintsociety.org/content.aspx?page_id=22&club_id=445043&module_id=166228

Arora, M., Asha, S., Chinnappa, J., & Diwan, A. D. (2013). Review article: Burnout in emergency medicine physicians. *Emergency Medicine Australasia*, 25(6), 491-495. doi:10.1111/1742-6723.12135

Beckman, H. B., & Wendland, M. (2012). The impact of a program in mindful communication on primary care physicians. *Academic Medicine*, 87(6):815-9. doi: 10.1097/ACM.0b013e318253d3b2. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/22534599>

PHYSICIAN WELLNESS PROGRAM

Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6), 573-576. Retrieved from:

<http://www.annfammed.org/content/12/6/573>.

Bost, M. L. (2005). A descriptive study of barriers to enrollment in a collegiate health assessment program. *Journal of Community Health Nursing*, 22(1), 15-22. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/15695193>

Centers for Disease Control and Prevention. (2012). *Human resources for health*. Retrieved from, <http://www.cdc.gov/globalaids/What-CDC-is-Doing/human-resources-for-health.html>.

Craigie, F. C. (2011). *Reflections*. Retrieved from:

<file:///C:/Users/Owner/Downloads/ReflectionsDec2011.pdf>

Craigie, F. C. (2012). *Heart and soul: Spiritual care in the journey of recovery*. Retrieved from:

<http://www.ccsme.org/userfiles/files/Craigie%20handout.pdf>

Craigie, F. C. (2014) Coping and resilience. *The Maine Community Health Options Newsletter*.

Retrieved from:

https://www.maineoptions.org/Documents/MCHO_SpringNewsletter2014_web

Craigie, F.C. (2010). *Positive Spirituality in Health Care*. Minneapolis: Mill City Press, Inc.

Crandall, R. & Perrewe, P.L. (Ed.). (1994). *Occupational stress a handbook*. Washington DC:

Taylor & Francis. Retrieved from:

<https://books.google.com/books?hl=en&lr=&id=2RIZFMZMtZoC&oi=fnd&pg=PA3&dq>

PHYSICIAN WELLNESS PROGRAM

[=transactional+theory+of+stress&ots=1WQdj6hxsr&sig=FQW98BiLi8jpktklZs3jyWYyvTQ#v=onepage&q=transactional%20theory%20of%20stress&f=false](#)

Dunn, P. M., Arnetz, B. B., Christensen, J. F., & Homer, L. (2007). Meeting the imperative to improve physician well-being: Assessment of an innovative program. *Journal of General Internal Medicine*, 22(11), 1544-1552, doi: [10.1007/s11606-007-0363-5](#). Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219814/>.

Epstein, R. M. & Krasner, M. S. (2013). Physician resilience: what it means, why it matters, and how to promote it. *Academic Medicine*, 88(3), 301-303. doi: 10.1097/ACM.0b013e318280cff0. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/23442430>

Farrell, A., & Geist-Martin, P. (2005). Communicating social health: Perceptions of wellness at work. *Management Communication Quarterly*, 18(4), 543-592. DOI: 10.1177/0893318904273691. Retrieved from: <https://uaf.illiad.oclc.org/illiad/PDF/349626.pdf>

Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: A pilot study. *Annals of Family Medicine*, 11(5), 412-420. doi:10.1370/afm.1511. Retrieved from: <http://www.annfammed.org/content/11/5/412.abstract>

Gabel, S. (2012). Demoralization: A precursor to physician burnout? *American Family Physician*, 86 (9). 861-2. Retrieved from: <http://www.aafp.org/afp/2012/1101/p861.pdf>

PHYSICIAN WELLNESS PROGRAM

Geist-Martin, P., Ray, E.B., & Sharf, B. F. (2003). *Communicating health: Personal, cultural, and political complexities*. Long Grove: Waveland Press, Inc.

Glanz, K., Rimer, B.K., & Viswananth, K. (Ed). (2008). *Health behavior and health education theory, research, and practice*. SanFrancisco: Jossey-Bass.

Healthpeople.gov (2015). *Map-It in action – In the workplace: Employees organize to improve workplace wellness*. Retrieved from:

<http://www.healthypeople.gov/2020/implement/workplaceWellness>

Healthypeople.gov. (2015). *Leading health indicators development and framework*. Retrieved from: <http://www.healthypeople.gov/2020/leading-health-indicators/Leading-Health-Indicators-Development-and-Framework>

Johnson, A. H., Nease, D. E., Milberg, L. C. & Addison, R. B. (2004). Essential characteristics of effective Balint group leadership. *Family Medicine*, 36(4), 253-259. Retrieved from: <http://www.stfm.org/fmhub/fm2004/april/alan253.pdf>

Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C.J., & Quill, T.E., (2009) Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *The Journal of the American Medical Association*, 302 (12), 1284-1293. doi: 10.1001/jama.2009.1384. retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/19773563>

Leiter, M. P., & Maslach, C. (2011). *Areas of worklife survey manual and sampler set* (5th edition) Retrieved from:

PHYSICIAN WELLNESS PROGRAM

<https://transform.mindgarden.com/document/doc.php?date=July+10%2C+2015&quantity=1&inst=aws-s&id=369501&sig=7d8c6785>

Likert, R. (1932). A technique for the measurement of attitudes. *Archives of Psychology* 22, 1-55.

Linnan, L, Bowling, M., Childress, J., Lindsay, G., Blakey, C., Pronk, S., Wieker, S., & Royall, P. (2008). Results of the 2004 national worksite health promotion survey. *American Journal of Public Health*, 98(8), 1503-1509. [10.2105/AJPH.2006.100313](https://doi.org/10.2105/AJPH.2006.100313). Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2446449/>

Lorenzetti, R. C., Jacques, C. H. M., Donovan, C., Cottrell, S. & Buck J. (2013). Managing difficult encounters: Understanding physician, patient, and situational factors. *American Family Physician*, 87(6), 419-425. Retrieved from: <http://www.aafp.org/afp/2013/0315/p419.html>

Manahan, B. (2011) Eight suggestions for promoting physician well-being: Ways to make medicine more satisfying for doctors and better for their health. *Minnesota Medicine*. Retrieved from: <http://www.minnesotamedicine.com/Past-Issues/Past-Issues-2011/January-2011/Commentary-Jan-2011>

Maslach, C. & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113. doi/10.1002. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1002/job.4030020205/epdf>

Maslach, C., Jackson, S., & Leiter, M.P. (1996). *Maslach burnout inventory manual* (3rd edition). Retrieved from:

PHYSICIAN WELLNESS PROGRAM

<https://transform.mindgarden.com/document/doc.php?date=July+10%2C+2015&quantity=1&inst=mbi-s&id=369501&sig=9b9ca439>

Morley, C. P.(2012). Supporting Physicians Who Work in Challenging Contexts: A Role for the Academic Health Center. *The Journal of the American Board of Family Medicine*. 25(6). 756-758. doi:10.3122/jabfm.2012.06. Retrieved from:
<http://www.jabfm.org/content/25/6/756.full>.

National Center for Infants, Toddlers and Families. (2014). Three Building Blocks of Reflective Supervision. Retrieved from: <http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/three-building-blocks-of-reflective-supervision.html?referrer=https://www.google.com/>

Nedrow, A., Steckler, N. A., & Hardman, J. (2013). Physician resilience and burnout: Can you make the switch? *Family Practice Management*, 20 (1), 25-30. Retrieved from:
<http://www.aafp.org/fpm/2013/0100/p25.html>

Pargament, K. I., & Sweeney, P. J. (2011). Building spiritual fitness in the army: An innovative approach to a vital aspect of human development. *American Psychologist*, 66 (1) 58-64.
doi.org/10.1037/a0021657. Retrieved from:
<http://www.ncbi.nlm.nih.gov/pubmed/21219049>.

Parks, K. M., & Steelman, L. A. (2008). Organizational wellness programs: A meta-analysis. *Journal of Occupational Health Psychology*, 13(1), 58-68. Retrieved from:
<http://www.ncbi.nlm.nih.gov/pubmed/18211169>

PHYSICIAN WELLNESS PROGRAM

- Saijo, Y., Chiba, S., Yoshioka, E., Kawanishi, Y., Nakagi, Y., Ito, T., Sugioka, Y., Kitaoka-Higashiguchi, K., & Yoshida, T. (2013). Job stress and burnout among urban and rural hospital physicians in Japan. *Australian Journal Of Rural Health*, 21(4), 225-231.
doi:10.1111/ajr.12040
- Sanyer, O. N., & Fortenberry, K. (2013). Using mindfulness techniques to improve difficult clinical encounters. *American Family Physician*, 87(6), 402. Retrieved from:
<http://www.aafp.org/afp/2013/0315/p402.html>
- Setti, I., & Argentero, P. (2011). Organizational features of workplace and job engagement among Swiss healthcare workers. *Nursing & Health Sciences*, 13(4), 425-432.
doi:10.1111/j.1442-2018.2011.00636.x
- Shanafelt, T.D. (2009). Enhancing meaning in work: A prescription for preventing physician burnout and promoting patient-centered care. *The Journal of the American Medical Association*, 302(12):1338-1340. doi:10.1001/jama.2009.1385. Retrieved from:
<http://jama.jamanetwork.com/article.aspx?articleid=184612>
- Shanafelt, T.D., Sloan, J. A., & Habermann, T. M. (2003). The well-being of physicians. *The American Journal of Medicine*, 114, 513-519. doi: 10.1016/S0002-9343(03)00117-7
Retrieved from: <http://www.amjmed.com/article/S0002-9343%2803%2900117-7/abstract>
- Shanafelt, T.D., West, C. P., Poland, G. A., LaRusso, N. F., Menaker, R., & Bahn, R. S. (2008). Principles to promote physician satisfaction and work-life balance. *Minnesota Medicine*, 41-43 Retrieved from: <http://www.minnesotamedicine.com/Past-Issues/Past-Issues-2008/December-2008/Clinical-Shanafelt-December-2008>

PHYSICIAN WELLNESS PROGRAM

Sinsky, C.A., Willard-Grace, R., Schutzbank, A. M., Sinsky, T.A., Margolius, D., & Bodenheimer, T. (2013). In search of joy in practice: A report of 23 high-functioning primary care practices. *Annals of Family Medicine*, 11(3), 272-278. doi: 10.1370.

Retrieved from: <http://www.annfammed.org/content/11/3/272.full.pdf+html>

State of Alaska. (2012). *Healthy Alaskans 2020: 25 Leading health priorities*. Retrieved from: <http://hss.state.ak.us/ha2020/25LHI.htm>

Substance Abuse and Mental Health Services Administration. (2015). *Trauma-Informed Approach and Trauma-Specific Interventions*. Retrieved from: <http://www.samhsa.gov/nctic/trauma-interventions>

The National Child Traumatic Stress Network. (2012). *Trauma and Attachment Belief Scale*. Retrieved from: <http://www.nctsn.org/content/trauma-and-attachment-belief-scale>

The National Child Traumatic Stress Network. (2014). *Professional Quality of Life Scale-5*. Retrieved from: <http://www.nctsn.org/content/professional-quality-life-scale-5>

Turner, A.L., & Malm, R. L. (2004). A preliminary investigation of Balint and Non-Balint behavioral medicine training. *Family Medicine*, 36(2), 114-117. Retrieved from: <http://www.stfm.org/fmhub/fm2004/February/Andrew114.pdf>

U.S. Department of Health and Human Services. (2000). *Healthy people 2010: Understanding and improving health*. 2nd ed. Washington, DC: U.S. Government Printing Office. Retrieved from: <http://www.healthypeople.gov/2010/document/pdf/uih/2010uih.pdf?visit=1>

PHYSICIAN WELLNESS PROGRAM

UAA.alaska.edu. (2012). *Institutional review board (IRB)*. Retrieved from:

<http://www.uaa.alaska.edu/research/ric/irb/>

Walsh, J. (2013). Gender, the work-life interface and wellbeing: A study of hospital doctors. *Gender, Work & Organization*, 20(4), 439-453. doi:10.1111/j.1468-0432.2012.00593.x

Wells, J. (2011). The impact of stress amongst health professionals. *Journal of Mental Health*, 20(2), 111-114. doi:10.3109/09638237.2011.556161

Weng, H., Hung, C., Liu, Y., Cheng, Y., Yen, C., Chang, C., & Huang, C. (2011). Associations between emotional intelligence and doctor burnout, job satisfaction and patient satisfaction. *Medical Education*, 45(8), 835-842. doi:10.1111/j.1365-2923.2011.03985.x

Woolhouse, S., Brown, J.B., and Thind, A. (2012). Building through the Grief”: Vicarious Trauma in a Group of Inner-City Family Physicians. *The Journal of the American Board of Family Medicine*. 25(6), 840-846. Retrieved from:
<http://www.jabfm.org/content/25/6/840.full>. doi:10.3122/jabfm.2012.06.120066

World Health Organization. (2000). *Mental health and work: Impact, issues and good practices*. Retrieved from: http://www.who.int/mental_health/media/en/712.pdf

Wright, K. B., Banas, J. A., Bessarabova, E., & Bernard, D. R. (2010). *Health Communication*, 25. Doi: 10.1080/10410231003775206. Retrieved from:
<http://www.ncbi.nlm.nih.gov/pubmed/20512719>

Xiao, Y., Wang, J., Chen, S., Wu, Z., Cai, J., Weng, Z., Li, C., & Zhang, X. (2014). Psychological distress, burnout level and job satisfaction in emergency medicine: A

PHYSICIAN WELLNESS PROGRAM

cross-sectional study of physicians in China. *Emergency Medicine Australasia*, 26(6), 538-542. doi:10.1111/1742-6723.12315

Zhang, Y., & Feng, X. (2011). The relationship between job satisfaction, burnout, and turnover intention among physicians from urban state-owned medical institutions in Hubei, China: a cross-sectional study. (2011). *BMC Health Services Research*, 11(1), 235-247. doi:10.1186/1472-6963-11-235

Zwack, J., & Schweitzer, J. (2013). If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. *Academic Medicine*, 88(3), 382-9. doi: 10.1097/ACM.0b013e318281696b. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/23348093>

PHYSICIAN WELLNESS PROGRAM

Appendix A

Survey Instrument

Demographics

Please type in numbers of years. Put “x” for multiple choice

Age: _____

Gender: Male _____ Female _____

Status: Married _____ Single _____ Long term relationship _____

Ethnicity: (choose one or more) American Indian or Alaska Native _____ Asian _____ Black or African American _____ Hispanic or Latino _____ Native Hawaiian or Other Pacific Islander _____ White _____ Other, please specify _____

Specialty: (choose one or more) 1st Care (walk-in) _____ Allergy and Asthma _____ Behavioral Health _____ Cardiology _____ Dermatology _____ Family Practice _____ Hospitalists _____ Intensivists _____ Internal Medicine _____ Long-Term Care _____ Obstetrics and Gynecology _____ Osteopathic Manipulative Medicine _____ Pediatrics _____ Sleep Medicine _____ Surgery _____ Vascular Surgery _____ Vein Clinic _____ Other, please specify _____

Years in Practice After Residency: _____

Years with Tanana Valley Clinic: _____

Practice Type: (choose one or more) Shift work _____ Regular office hours _____ Other, please specify _____

Practice Hours: Full-time (4 or more days) _____ Part-time (3 or fewer days) _____

How many years from now do you anticipate leaving Tanana Valley Clinic or retirement? _____

Comments: Please feel free to make open ended comments regarding the questions and suggestions for other questions.

PHYSICIAN WELLNESS PROGRAM

Areas of Worklife Survey

Areas of Worklife Survey

by Michael P. Leiter & Christina Maslach

Published by Mind Garden, Inc. www.mindgarden.com

Note to Masters and Doctoral Students:
You may insert the following SAMPLE copy of the instrument
in your IRB proposal if necessary.
You may NOT insert a complete copy of the instrument
in your Thesis or Dissertation!!!
See Mind Garden Sample Item letter for details.

It is your legal responsibility to compensate the copyright holder of this work for any reproduction in any medium. If you need to reproduce the Areas of Worklife Survey, please contact Mind Garden www.mindgarden.com. Mind Garden is a registered trademark of Mind Garden, Inc.

For use by Jean Tsigonis only. Received from Mind Garden, Inc. on July 10, 2015

PHYSICIAN WELLNESS PROGRAM

Areas of Worklife Survey

Please use the following rating scale to indicate the extent to which you agree with the following statements. Please circle the number corresponding to your answer.

1	2	3	4	5
Strongly Disagree	Disagree	Hard to Decide	Agree	Strongly Agree

	Strongly Disagree	Disagree	Hard to Decide	Agree	Strongly Agree
Workload					
1. I do not have time to do the work that must be done.	1	2	3	4	5
2. I work intensely for prolonged periods of time.	1	2	3	4	5
3. I have so much work to do on the job that it takes me away from my personal interests.	1	2	3	4	5
4. I have enough time to do what's important in my job.	1	2	3	4	5
5. I leave my work behind when I go home at the end of the workday.	1	2	3	4	5
Control					
6. I have control over how I do my work.	1	2	3	4	5
7. I can influence management to obtain the equipment and space I need for my work.	1	2	3	4	5
8. I have professional autonomy /independence in my work.	1	2	3	4	5
9. I have influence in the decisions affecting my work.	1	2	3	4	5
Reward					
10. I receive recognition from others for my work.	1	2	3	4	5
11. My work is appreciated.	1	2	3	4	5
12. My efforts usually go unnoticed.	1	2	3	4	5
13. I do not get recognized for all the things I contribute.	1	2	3	4	5

PHYSICIAN WELLNESS PROGRAM

Community		Strongly Disagree 1	Disagree 2	Hard to Decide 3	Agree 4	Strongly Agree 5
14.	People trust one another to fulfill their roles.					
15.	I am a member of a supportive work group.	1	2	3	4	5
16.	Members of my work group cooperate with one another.	1	2	3	4	5
17.	Members of my work group communicate openly.	1	2	3	4	5
18.	I don't feel close to my colleagues.	1	2	3	4	5
Fairness						
19.	Resources are allocated fairly here.	1	2	3	4	5
20.	Opportunities are decided solely on merit.	1	2	3	4	5
21.	There are effective appeal procedures available when I question the fairness of a decision.	1	2	3	4	5
22.	Management treats all employees fairly.	1	2	3	4	5
23.	Favoritism determines how decisions are made at work.	1	2	3	4	5
24.	It's not what you know but who you know that determines a career here.	1	2	3	4	5
Values						
25.	My values and the Organization's values are alike.	1	2	3	4	5
26.	The Organization's goals influence my day to day work activities.	1	2	3	4	5
27.	My personal career goals are consistent with the Organization's stated goals.	1	2	3	4	5
28.	The Organization is committed to quality.	1	2	3	4	5

PHYSICIAN WELLNESS PROGRAM

Sample Item Letter



www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research;

Instrument: Authors: Copyright:

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Copyright 1995, 2000, 2004 by Bernard Bass and Bruce Avolio. All rights reserved.
Published by Mind Garden, Inc., www.mindgarden.com

PHYSICIAN WELLNESS PROGRAM

Maslach Burnout Inventory – Human Services Survey

MBI – Human Services Survey

By Christina Maslach & Susan E. Jackson

The purpose of this survey is to discover how various persons In the human services, or helping professionals view their job and the people with whom they work closely.

Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

Instructions: On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number “0” (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
How Often 0-6	Statement:						
1.	I feel depressed at work.						

If you never feel depressed at work, you would write the number “0” (zero) under the heading “How Often.” If you rarely feel depressed at work (a few times a year or less), you would write the number “1.” If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number “5.”

MANUAL: Copyright © 1986, 2010 by C. Maslach, S. Jackson, M. Leiter. MBI-GS: Copyright © 1986 by W. Schaufeli, M. Leiter, C. Maslach, S. Jackson. MBI-HSS: Copyright © 1986 by C. Maslach, S. Jackson. MBI-ES: Copyright © C.Maslach, S. Jackson, R. Schwab. All rights reserved in all mediums.

Published by Mind Garden, Inc., www.mindgarden.com

MBI-Manual: Copyright ©1996 Christina Maslach, Michael P. Leiter, Susan E. Jackson.

MBI-General Survey: Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson.

PHYSICIAN WELLNESS PROGRAM

MBI-Human Services Survey: Copyright ©1981 Christina Maslach & Susan E. Jackson.
 MBI-Educators Survey: Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab. All rights reserved in all media. Published
 by Mind Garden, Inc., www.mindgarden.com

MBI-Human Services Survey

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

How often 0-6: Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.

PHYSICIAN WELLNESS PROGRAM

18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.
- _____

(Administrative use only)

EE: _____ cat: _____ DP: _____ cat: _____ PA: _____ cat: _____

MBI-Manual: Copyright ©1996 Christina Maslach, Michael P. Leiter, Susan E. Jackson.
MBI-General Survey: Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson.
MBI-Human Services Survey: Copyright ©1981 Christina Maslach & Susan E. Jackson.
MBI-Educators Survey: Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab. All rights reserved
in all media. Published by Mind Garden, Inc., www.mindgarden.com
MANUAL: Copyright © 1986, 2010 by C. Maslach, S. Jackson, M. Leiter. MBI-GS: Copyright © 1986 by W. Schaufeli,
M. Leiter, C. Maslach, S. Jackson. MBI-HSS: Copyright © 1986 by C. Maslach, S. Jackson. MBI-ES: Copyright ©
C. Maslach, S. Jackson, R. Schwab. All rights reserved in all media.
Published by Mind Garden, Inc., www.mindgarden.com

Sample

Appendix B

Informed Consent to Participate in Research

How to Prolong the Career Life of a Practicing Physician:
Assessing the Causes and Extent of Physician Burnout in a Primary Care Setting
Tanana Valley Clinic
Jean Tsigonis, Principal Investigator

PRINCIPAL INVESTIGATOR:

Dr. Jean Tsigonis, MD
Family Medicine Physician
Tanana Valley Clinic
Fairbanks, Alaska
907-459-3500

INVITATION TO PARTICIPATE

You are being asked to take part in this study to assess whether burnout exists at Tanana Valley Clinic, and if so, the causes and extent of that physician burnout.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to assess if there is physician burnout at Tanana Valley Clinic and if so, determine factors associated with burnout. As a component of the Principal Investigator's MPH Project practicum, the information gained will guide the development of a physician wellness program to prevent or decrease the level of physician burnout.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

48 physicians will participate in the survey.

WHAT IS INVOLVED IN THIS STUDY?

You will receive an email describing the survey and the survey will be sent to you electronically. If you consent to participate, you will be asked to complete the online survey. You will receive a reminder letter to return the survey. There is a demographic section. The

section on Areas of Worklife Survey (AWS) has 28 questions and the Maslach Burnout Inventory (MBI) Human Services Survey has 22 questions.

HOW LONG WILL I BE ON THE STUDY?

The survey will take 45-60 minutes to complete. If the survey shows evidence of burnout, you may be asked to repeat a survey following implementation of a physician wellness program. This could occur within the next year.

WHAT ARE THE RISKS?

There may be a risk of discovering areas of stress and burnout in your life. There will be behavioral health providers available in the community should you determine you need to address those issues.

ARE THERE BENEFITS TO TAKING PART IN THIS STUDY?

If you agree to take part in this study, there may or may not be direct medical benefit to you. Some people see benefits in their health just by taking a survey. It is anticipated that the information learned from this study will benefit other physicians in the future.

WHAT OTHER OPTIONS ARE THERE?

You can choose not to participate and there will be no consequences for not participating.

WHAT ABOUT CONFIDENTIALITY?

All efforts will be made to keep your personal information private and confidential however, we cannot guarantee absolute privacy and confidentiality. Your name will not be linked with your responses. All results will be aggregated and your responses will not be identifiable in the aggregated results. Data will be stored on a password protected computer.

The individuals associated with this study who will receive survey information include:

Jean Tsigonis MD, Principal Investigator

Michael Swenson MD, Medical Director of Tanana Valley Clinic

James Shill, Chief Executive Officer of Tanana Valley Clinic

Tanana Valley Clinic Board of Directors

Jean Tsigonis's project committee from University of Alaska Anchorage.

Banner Research, including the Banner Health Institutional Review Board

Data analysis center, Mind Garden.

WHAT ARE THE COSTS?

There are no costs to participate in the study.

IS THERE COMPENSATION FOR PARTICIPATING?

There is no compensation for taking the survey. There is no paid leave time for taking the survey.

WHAT ARE MY RIGHTS AS A PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. If you complete the survey you are confirming that you voluntarily consent to participate in this research project and you understand that participation in this project is not a condition of employment at Banner Health. You may complete this survey at work. If you elect to complete the survey on your own time, you will not be paid for your time spent on completing the survey.

We will tell you about new information developed during the course of the study that may affect your health, welfare, or willingness to stay in this study.

CAN I BE REMOVED FROM THE STUDY?

All participants will remain in the study unless they choose to leave.

WHOM DO YOU CALL IF YOU HAVE QUESTIONS?

For questions about the study or a research-related injury, contact the principal investigator, Jean Tsigonis at the Tanana Valley Clinic. Her phone is 907-459-3500. Her email is jean.tsigonis@bannerhealth.com.

Faculty advisor: MPH Project Practicum Committee Chair: Virginia Miller, DrPH, MS, MPH Department of Health Sciences, vlmiller2@uaa.alaska.edu

786.6588

If you have any questions about your rights as a research participant,

Sharilyn Mumaw

Research Integrity & Compliance Officer

Telephone: 907.786.1099

Fax: 907.786.1791

E-mail: simumaw@uaa.alaska.edu

VOLUNTARY CONSENT TO PARTICIPATE IN RESEARCH

You are voluntarily making a decision whether or not to participate in the research study described above. If you agree to participate please put an “x” in the space below.

I agree ____

Appendix C

IRB Approval Letter



Research &
Graduate Studies
UNIVERSITY of ALASKA ANCHORAGE

3211 Providence Drive
Anchorage, Alaska 99508-4614
T 907.786.1099, F 907.786.1791
www.uaa.alaska.edu/research/ric

DATE: October 23, 2015

TO: Jean Tsigonis, MD
FROM: University of Alaska Anchorage IRB

PROJECT TITLE: [786759-3] How to Prolong the Career Life of a Practicing Physician:
Assessing the Causes and Extent of Physician Burnout in a Primary Care
Setting

SUBMISSION TYPE: Amendment/Modification

ACTION: EXEMPT REVIEW APPROVAL

DECISION DATE: October 23, 2015

EXPIRATION DATE: September 29, 2016

This letter is in response to your request for Institutional Review Board (IRB) approval of minor modifications to your currently approved proposal.

This project was previously approved on September 30, 2015, and this amendment makes minor modifications to the consent document by increasing the number of subjects, adding the name of a work location to a name already on the form, and explaining the participants rights in greater detail.

The originally approved proposal abstract included the possibility that the clinic leadership will complete a post-study evaluation and use the pre-assessment instruments and procedures, 12 months after initiating an intervention. The original IRB review and this amendment only include approval of the currently described project and do not include any future use of the instruments or methodologies described in this project.

Your request for these minor modifications is hereby granted.

On behalf of the entire Board, I wish you continued success with your study.

A handwritten signature in black ink, appearing to read 'Sharilyn Mumaw'.

Sharilyn Mumaw, M.P.A.

Research Integrity & Compliance Officer

Appendix D

TVC Physician Wellness Survey Comments

Time to Retirement or leaving TVC

I am uncertain about my future.

I have no idea if or when I would leave TVC .

I am unsure of the exact duration of my employment with TVC.

I don't know when I anticipate leaving TVC.

Time to leave TVC--I put in 10, since I don't have a specific timeframe--could be here another couple of years, but have upwards of 30 practice years realistically remaining to practice.

Question #10 is difficult to answer. Depending on multiple factors I could see myself leaving TVC well before retirement age but ideally I would wish to be happy at TVC for the rest of my career.

Uncertain of retirement/leaving date would be...5 is the soonest currently anticipated.

Corporate or vision of clinic

I can't wait to see what the data show.

I am relatively new to this organization, but so far it has been a great upgrade over working through the bureaucracy and inefficiencies found in practicing medicine for the department of defense.

Banner priorities/policy trump personalized requests sadly.

Because I have been here such a short period of time I don't think I have a fair understanding of the practices here. I do think there seems to be some disconnect between the nursing staff and the physicians and the patients. I have wondered if there were more formalized relationships between the nurses and the physicians and they took a team approach, there would be better care for the patients because the nurses also feel accountable for the care. I also would like to add that one of the appealing aspects to working at TVC is that there does seem to be flexibility in how your job is constructed (full vs. part time) to best match what the provider and their needs are (family, recreational time etc.).

I feel that the organization (TVC) that I work for has historically been recognized as a clinic with an emphasis on high quality primary care. As a member of the community that is what I saw. I have been disappointed since joining TVC as a physician to feel that within the clinic leadership and administration the marker of being a "good" or "valued" physician is to generate revenue and be "productive". I understand that income is important and that there is a financial reality to the field of medicine, but I've been quite surprised at the imbalance I've seen at TVC. Really the emphasis and the conversations are about RVUs and efficiency and income and I see little celebration or appreciation for high quality compassionate care. Certainly primary care seems like a "necessary evil" that is tolerated, rather than truly celebrated or appreciated, at our clinic. I wish we could find a better balance.

I think we are an organization in our infancy, and where we are, and where we are headed are different. That said, I feel we are progressive. I do feel one thing we need to do better is empower our employees to be part of the solution. We are far too fearful of discord, so we do not do a good enough job of empowering our employees to speak up and be part of the solution.

I think we are working towards better practices but it seems to take a long time to make change happen.

Individuals are not held accountable for mistakes. The growing use of machines, computers for communication is hampering genuine human to human interaction.

It's not personal, but effective in governing such a large clinic.

Organization is a little "corporate" for my tastes. I am profiting as an employee, but when I come in as a patient, I am very aware of the impersonal "corporate" aspects of this clinic (and the hospital and certain other clinics in town), in addition to good quality care with physicians and nurses; this is different than my personal ideal--realistic or not--of a small town doctor's office, much like I went to as a child, and like I rotated through on some student/resident rotations.

When I arrive as a patient, I feel that money and billing are more important to the clinic than my clinical needs--even when the clinic cannot provide an estimate of cost or what insurance will or will not cover. Again, this is the patient (or parent) perspective, but it crosses over to my work perspective.

There is a strong disconnect between physician leaders and the providers they represent.

TVC is a highly corporatist environment. The values of the Corporation trump the values on patient care.

Workload Issues

I feel I am on call a great deal of my time. If I am in the hospital all night I am still expected to see a full work load the next day which is taxing. Some new plans for respite time have been discussed.

I am unable to finish charts in a timely manner because I do not feel typing on the computer in the room lets me interact well with my patients. It leaves much work at the end of the day.

Regarding questions on time for work: I do not have time to complete all my work or answer patient phone calls, etc., in the work day, even when I work hours after my shift ends. However, I also know that I am paid based on the number and complexity of patients I see, and not on the number of phone calls or other interactions. Of course, the patient demand in this community cannot be met by the available number of clinicians, so perhaps seeing more patients--even if delays in answering phone calls--serves the community better than seeing fewer patients and providing more timely follow up services.

Time considerations: I do not have enough time to eat well, exercise well, or get enough sleep, particularly working back to back shifts. My current work setting, as rewarding as it is in so many ways, is not sustainable in the long term.

Very content, except for frustration with EMR.

Practice type--predictable hours (though longer than typical office hours).

Money Issues

I believe credit is given based on longevity and how much money one generates for the clinic, not on whether or not an idea is valid.

The mission and vision of the clinic is more money driven than my personal goals which are more patient centered.

Appendix E

Proposed Physician Wellness Program

Overall Future Goal

Intervention for burnout will be guided by the survey information, which has been shared with the Tanana Valley Clinic leadership. The goal is to develop a physician wellness program that prevents, identifies and decreases burnout. Resiliency, mindfulness, coping skills, and identification of work stressors can be taught and used as means of intervention. The program will improve the work life and extend the tenure of the physician to enhance access to care for patients.

Tanana Valley Clinic could simply implement interventions or could consider a single group pre and post study design conducted with an AWS-MBI survey to investigate the effect of interventions. A Balint group is one form of intervention, which includes: mindfulness; resiliency; communication; and psychological, spiritual and social coping skills. A safe place could allow discussions about the aggregate data; and patient, colleague, administration, and staff-physician interaction. A post study evaluation completed by The Tanana Valley Clinic leadership after the initiation of a Balint group could assess if there is prevention or decreased burnout rate of physicians in this small town multi-specialty clinic. These findings could be compared to other Alaskan and stateside communities. For a fee, through Mind Garden, it is possible for individuals to access their own personal results to see their current level of burnout.

Balint (peer reflective) groups can be held on a monthly basis, averaging about 2 hours, to implement these methods. The physician group already has a physician forum that meets on a regular basis, so this format is familiar to the staff.

A psychologist, who is trained in coping skills and group process, and a physician, who has experience in Balint group leadership, could lead the group sessions. It is recommended to have two leaders direct Balint groups. Balint group leaders do not have to be certified to run a group. They only need to be familiar with the structure of the meeting. This structure includes: a climate of safety, acceptance and trust; establishment and maintenance of group norms; movement toward the group's task; understanding group process; and the style of the leader must be respectful, tolerant and empathetic for the presenter and patient, in a non-authoritarian, group-centered manner. The Balint group will allow discussion about work flow, workforce, intrapersonal, interpersonal, and system issues that cause or prevent burnout. These discussions could result in the selection of future interventions. The Balint group will be a forum in which interventions and a physician wellness program can be launched.

Tanana Valley Clinic leadership could assess the extent of burnout (psychological, physical, spiritual and social) by a post intervention AWS-MBI survey after the Balint group is initiated. Further analysis and evaluation could be done by Tanana Valley Clinic leadership to assess the value of launching a physician wellness program.

Research Question

Do Balint groups decrease physician burnout in small town communities?

Hypothesis

Balint groups significantly decrease physician burnout. This is based on the transactional theory of stress that states identification of sources and signs of stress, followed by intervention to manage the stress, can lead to less burnout (Glanz, 2008).

Key Activities

- Conduct pre and post intervention self-administered Areas of Worklife Survey-Maslach Burnout Inventory (AWS-MBI) surveys of the physicians to assess extent of physician burnout.
- Develop a focus group to propose forms of intervention.
- Develop a forum for discussion of the aggregate survey results that involves; patient, colleague, administration, and staff-physician interaction.
- Identify speakers on: (a) Balint group process, (b) mindfulness, (c) identification of work stressors, (d) resiliency skills, and (e) development of communication, psychological, spiritual and social coping skills.

Timeline for Tanana Valley Clinic leadership

Develop focus group to determine interventions	January, 2016
Develop forum for discussion	February, 2016
Start Balint group intervention	February, 2016, do monthly
Do post intervention survey	February, 2017
Complete intervention evaluation	March, 2017
Consider doing AWS-MBI survey on new hires	Yearly